

Name
in
Full

Eugene A Albough

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

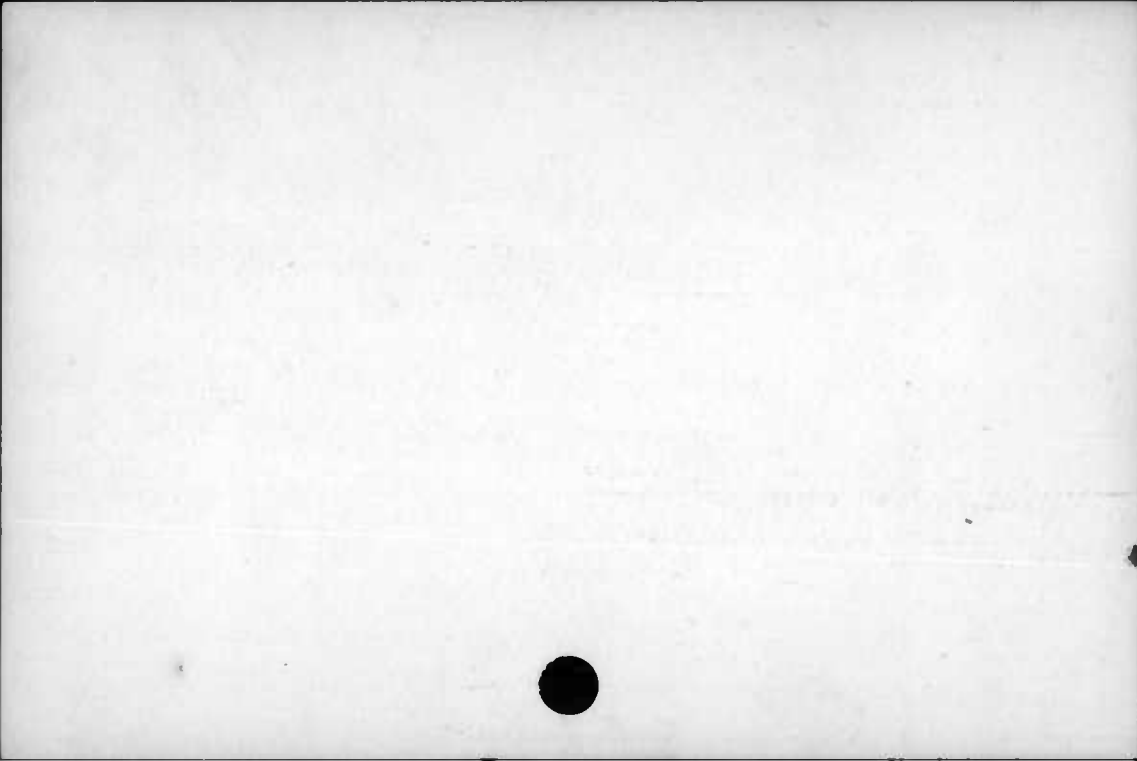
Died at <i>Fredricks</i> <small>Town</small>		<i>Fredricks</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	<i>1st</i> <small>Month</small>	<i>6</i> <small>Day</small>	<i>57</i> <small>Years</small>	<i>—</i> <small>Months</small>
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Fraib Co.</i>
Occupation	<i>Cool Painter</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Eunice McLeod</i>		
Father's Name	<i>Valentine Albough</i>			Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Margaret Brunner</i>			Mother's Birthplace	<i>Ind</i>
Name of person giving information				How related to deceased	

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	<i>Cerebral Hemorrhage</i>	How long	<i>8 days</i>
Immediate	<i>"Cerebral" Apoplexy</i>	How long	<i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. M. Curdy</i>
		Address	
Accident or Suicide? <i>Q</i>			



Name
in
Full

Nathan Baker.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Ladiesburg</i>		Town <i>Ladiesburg</i>		County <i>Frederick</i>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Jan.</i>	Day	<i>12</i>	Years	<i>72</i>
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months	<i>11</i>
Married, Single or Widowed <i>Widower</i>		Occupation <i>Mason</i>		Days		<i>12</i>	
Name of Wife or Husband <i>Julia Baker, dec'd</i>		Father's Name <i>Saml. Baker</i>		Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>	
Mother's Maiden Name <i>Elle Elizabeth Fox</i>		Name of person giving information <i>Saml. Baker</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

44

PHYSICIAN
OR CORONER

Primary <i>Cancer of face and neck</i>	How long <i>3 years</i>
Immediate <i>Hemorrhage -</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John L. Liggett, M.D.</i>
	Address <i>Ladiesburg, Md.</i>
Accident or Suicide? <i>No</i>	



Name

in
Full

Hamilton H. Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

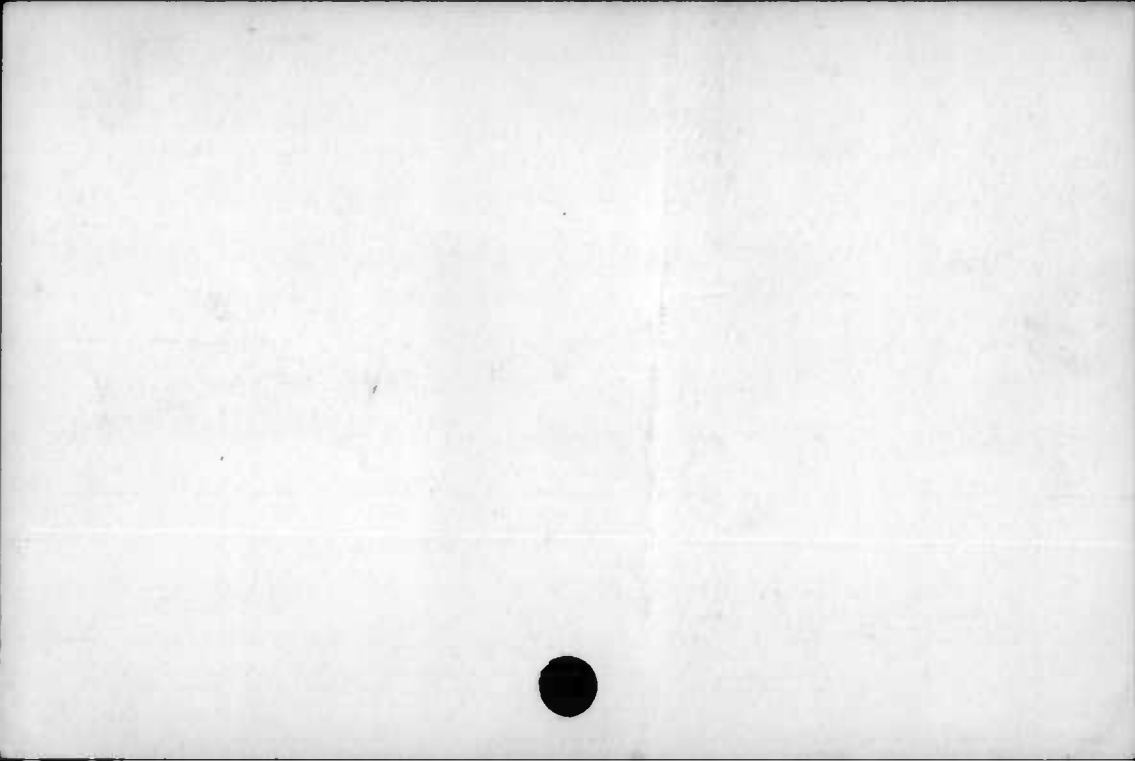
Died at <u>Urbana</u> Town			County <u>Frederick</u>			MARYLAND		
Date of death <u>1908</u>	Month <u>January</u>	Day <u>15-12</u>	Age <u>78</u>	Years	Months <u>2</u>	Days <u>20</u>		
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Dumarsen Md.</u>					
Occupation <u>Farmer</u>			Where Residing if not at place of death <u>Urbana</u>					
Married, Single or Widowed <u>married</u>			Name of Wife or Husband <u>Candace E. Bell</u>					
Father's Name <u>not known</u>			Father's Birthplace <u>not known</u>					
Mother's Maiden Name <u>not known</u>			Mother's Birthplace <u>not known</u>					
Name of person giving information <u>Thomas Hendley</u>			How related to deceased <u>step son</u>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <u>General debility</u>	How long <u>four years</u>
Immediate <u>Cerebral hemorrhage</u>	How long <u>12 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Bert C. Perry</u>
	Address <u>Arabi Md.</u>
Accident or Suicide? <u></u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

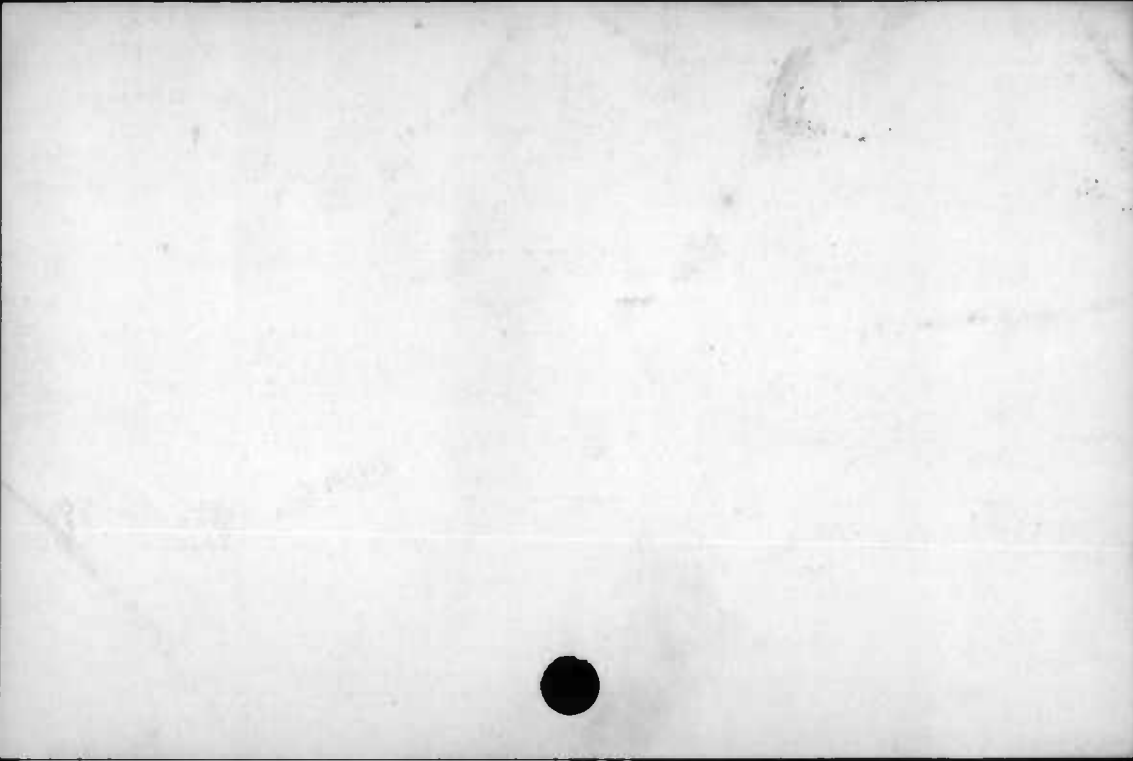
Name in Full John Bayly Black		Town Rocky Ridge		County Fredricks		State MARYLAND	
Died at Rocky Ridge		Date of death 1908		Age 19		Months 8	
Sex Male		Color or Race White		Birth-place Rocky Ridge		Days 27	
Occupation Labourer		Where Residing if not at place of death -					
Married, Single or Widowed Single		Name of Wife or Husband -					
Father's Name James B. Black		Father's Birthplace Gettysburg Pa					
Mother's Maiden Name Nealie Crockett		Mother's Birthplace Bally Mall					
Name of person giving Information J. B. Black		How related to deceased Sister					

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary Cause Dissected Brain - Epilepsy	How long 10 years
Immediate Cause Convulsion - Suffocation	How long immediate
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician C. H. Miller
Accident or Suicide? -	Address Delmar Maryland



Name
in
Full

Mrs. Floy L. Blitchumstaff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Wolfville</i>		^{County} <i>Fredrick</i>		MARYLAND	
Date of death 190	<i>8</i>	Month	<i>1</i>	Day	<i>3</i>
Age		<i>26</i>	Years	<i>25</i>	Months
Sex		<i>Female</i>	Color or Race	<i>White</i>	Birth-place
Married, Single or Widowed		<i>Married</i>	Occupation		
Name of Wife or Husband		<i>Wm Blitchumstaff</i>			
Father's Name		<i>R. R. Morgan</i>		Father's Birthplace	
Mother's Maiden Name		<i>Fallie Smith</i>		Mother's Birthplace	
Name of person giving information		<i>H. P. Stottlmyer</i>		How related to deceased	
				<i>Nephew</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>4 months</i>
Immediate	<i>"</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>G. W. Dawson</i>	
		Address	
		<i>Wolfville</i>	
Accident or Suicide?		<i>Mod.</i>	



Name
in
Full

Lettie Bowie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bartonsville</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>18</i>	Age <i>82</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Mo. d.</i>				
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>Same</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Silas Bowie</i>						
Father's Name <i>Unkown</i>	Father's Birthplace <i>—</i>						
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>—</i>						
Name of person giving information <i>Silas Bowie</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Arterio-Sclerosis</i>	How long <i>Indefinite</i>
Immediate <i>Apoplexy - cerebral</i>	How long <i>10 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>U. J. Bourne</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide? <i>—</i>	

Interment Jan 21 - 08

" at Greenmount
Cemetery

Thomas P. Rice F. D.

Dr. Bousne

Dr. Goodell.

Dr Mc Gurdy.

Name
in
Full

Murray Bresch -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Indenich</i> ^{Town}		<i>Indenich</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>16</i>	Age <i>82</i>	Months <i>✓</i>	Days <i>✓</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Indenich</i>		
Occupation <i>Horse man</i>		Where Residing if not at place of death <i>Lately at Philadelphia</i>			
Married, <i>Single</i> or <i>Widowed</i>		Name of Wife or Husband <i>Margaret Bresch</i>			
Father's Name <i>John M Bresch</i>			Father's Birthplace <i>Indenich Md</i>		
Mother's Maiden Name <i>Ellen Eleiza Bresch Truck</i>			Mother's Birthplace <i>" " " "</i>		
Name of person giving information <i>Mrs Anna Bresch</i>			How related to deceased <i>Neice</i>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>✓</i>
Immediate <i>Exhaustion</i>	How long <i>✓</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Buchanan</i>
<i>Q</i>	Address <i>Indenich</i>
Accident or Suicide?	



Name in Full		Laithur Henry Harrison Browning				No. 3, CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Place <i>Room Four</i>		County <i>Frederick</i>	
		Date of death		1908		Month <i>Jan</i>	
		Day		27		Age <i>67</i>	
		Sex		<i>Male</i>		Color or Race <i>White</i>	
		Birth-place		<i>Md.</i>		Months <i>9</i>	
Occupation		<i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed		<i>Married</i>		Name of Wife or Husband		<i>Sarah Browning</i>	
Father's Name		<i>Laithur Browning</i>		Father's Birthplace		<i>Md.</i>	
Mother's Maiden Name		<i>Sarah Brandenburg</i>		Mother's Birthplace		<i>Md.</i>	
Name of person giving information		<i>Braymond A. Browning</i>		How related to deceased		<i>Son</i>	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(66)</div>							
PHYSICIAN OR CORONER		Primary		<i>Hemiplegia</i>		How long?	
		Immediate		<i>Hemiplegia</i>		How long	
		Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>		Signature of Physician	
		Address		<i>Howard H. Hopkins</i>		New Market	
		Accident or Suicide?		<i>no</i>		Junk Co., Maryland	

30

Name
in
Full

Leora Bryant

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

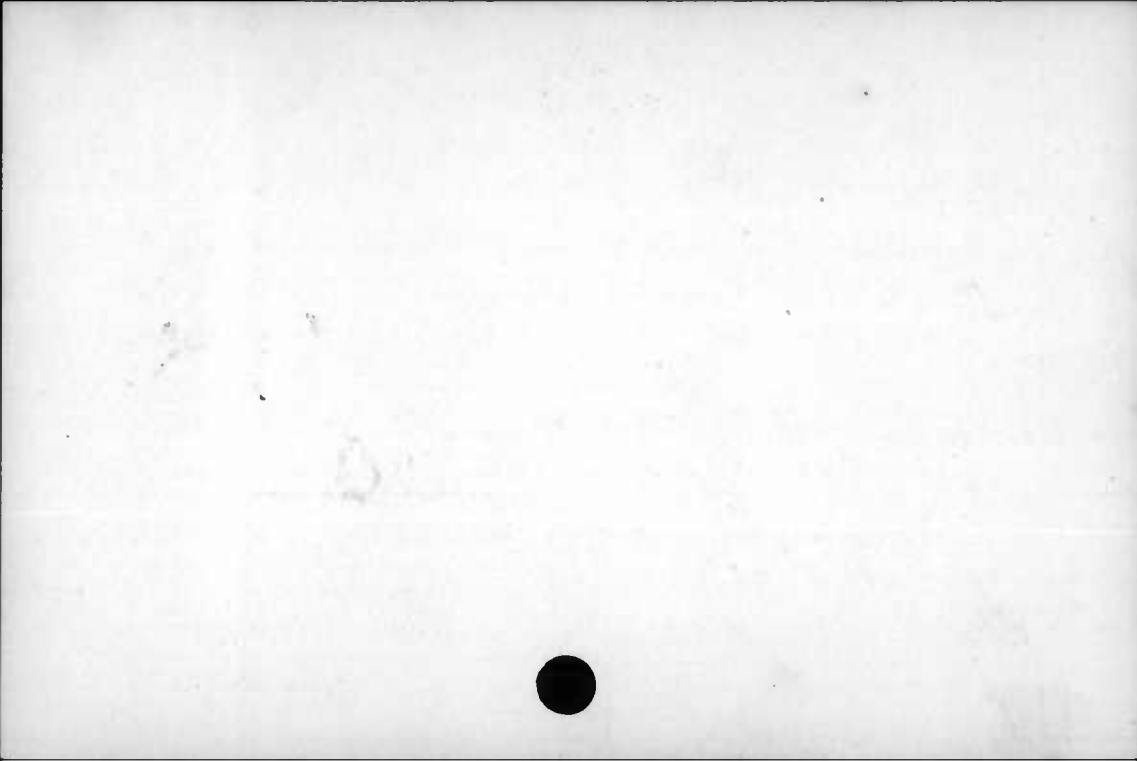
Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1908	Month 1	Day 14	Age 58	Years	Months —	Days —
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth- place	<i>Frederick</i>
Occupation	<i>Susan Linnell</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Unknown</i>			
Father's Name	<i>Unknown</i>					Father's Birthplace	<i>Unknown</i>
Mother's Maiden Name	<i>Unknown</i>					Mother's Birthplace	<i>Unknown</i>
Name of person giving Information	<i>Herbert R. Runkle</i>					How related to deceased	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>3 mo</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes -</i>	Signature of Physician	<i>R. S. Lyman</i>
		Address	<i>Frederick Md.</i>
Accident or Suicide?			



Name
in
Full

Albroh Lester Burdette

CERTIFICATE OF DEATH

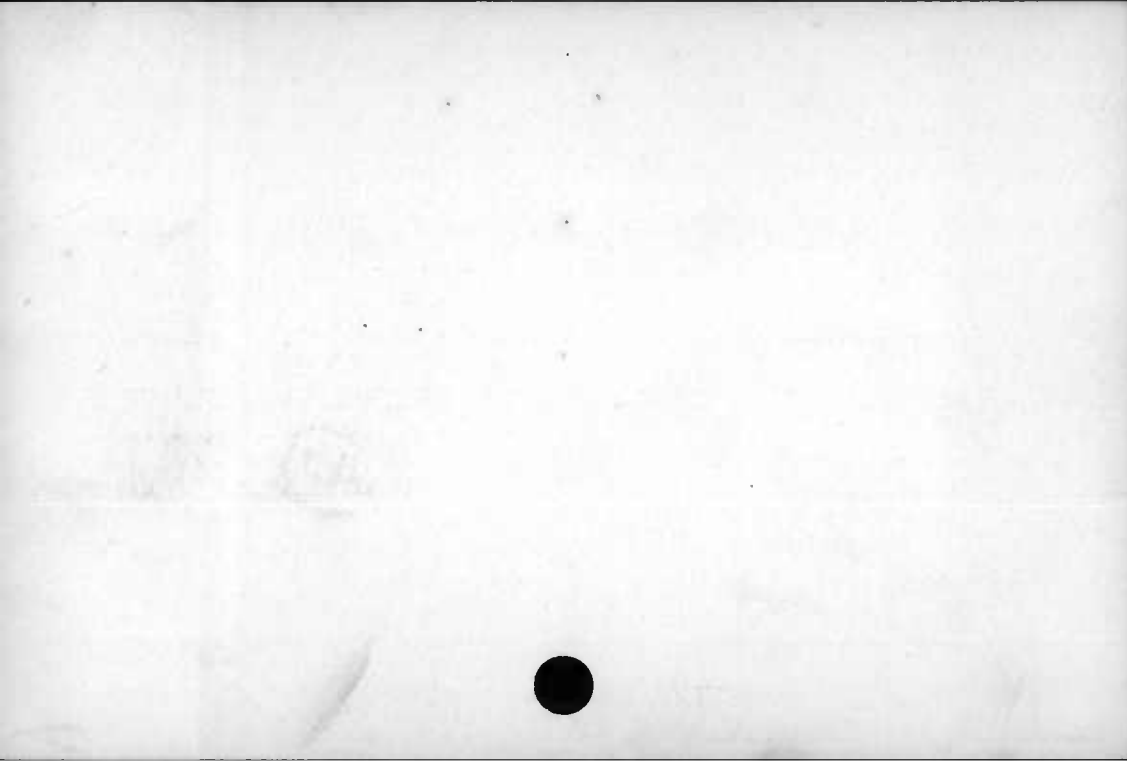
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Indenick</i> ^{Town}		<i>Indenick</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>3</i>	Age <i>15</i> —	Months —	Days —
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Near Mt Pleasant Md</i>		
Occupation —			Where Residing if not at place of death —		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband —			
Father's Name <i>Charles M Burdette</i>			Father's Birthplace <i>Montgomery Co. Md</i>		
Mother's Maiden Name <i>Christiana M Cook</i>			Mother's Birthplace <i>Indenick "</i>		
Name of person giving information <i>Chas M Burdette</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>4 weeks.</i>
Immediate <i>Septicemia</i>	How long <i>10 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>R. S. Lyson.</i>
<i>J</i>	Address <i>Indenick, Md.</i>
Accident or Suicide?	



Name in Full		Malynda Butler				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Libertytown		County		Frederick
	Date of death		1908	Month	1	Day	26
	Age		26	Years	26	Months	11
	Sex		Female	Color or Race	Black	Birth-place	Libertytown
	Occupation		Servant		Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		Charles Butler		Father's Birthplace		
Mother's Maiden Name		Anna E. Thomas		Mother's Birthplace			
Name of person giving information		Ransom Butler		How related to deceased			Brother
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Consumption		How long		
	Immediate		La Grippe		How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
	Address		Libertytown		Md.		
Accident or Suicide?							

27



Name in Full		Nettie T. Leonard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Near <i>Fredericks</i>		County <i>Fredericks</i>		MARYLAND	
		Date of death <i>1908</i>		Month <i>1</i>		Day <i>20</i>	
		Age <i>32</i>		Years <i>2</i>		Months <i>6</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>Va</i>	
		Occupation <i>Maids</i>		Where Residing if not at place of death <i>Same</i>			
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
		Father's Name <i>John O. Leonard</i>		Father's Birthplace <i>Va</i>			
Mother's Maiden Name <i>Olivia Hunt</i>		Mother's Birthplace <i>F. Co. Md</i>					
Name of person giving In formation <i>Minnie Leonard</i>		How related to deceased <i>Sister</i>					
		CAUSES OF DEATH		(27)			
PHYSICIAN OR CORONER		Primary <i>Pulmonary Tuberculosis</i>		How long <i>4 months</i>			
		Immediate <i>Exhaustion</i>		How long <i>1 week</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Thos B Johnson</i>			
				Address <i>Frederick, Md</i>			
		Accident or Suicide? <i>no</i>					

Interment Jan 22 — 08

" at Mt Olivet Cemetery

Thomas P. Rice F. D.,

Dr. E. B. Johnson

Dr Goodell

Dr McCurdy,

Name
in
Full

CERTIFICATE OF DEATH

Eugene Countee

Town

Bartonsville

County

Frederick

MARYLAND

Died at

Date

of death 1908

Month

1

Day

6

Age

Years

1

Months

—

Days

4

Sex

Male

Color of
Race

Black

Birth-
place

Bartonsville

Occupation

Where Residing if not
at place of death

"

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

— Wuk —

Father's
Birthplace

—

Mother's
Maiden Name

E. Laura Countee

Mother's
Birthplace

Bartonsville Md.

Name of person giving
information

Sam'l. Countee

How related
to deceased

Grandfather

CAUSES OF DEATH

179

Primary

Malnutrition

How long

3 1/2 months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

49

Signature of
Physician

Address

M.A. Fony
Frederick Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment

1/8 08

At-Bantonsville

Frederick Co Md

C. C. Carty.

Name
In
Full

Mary Ellen Davis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

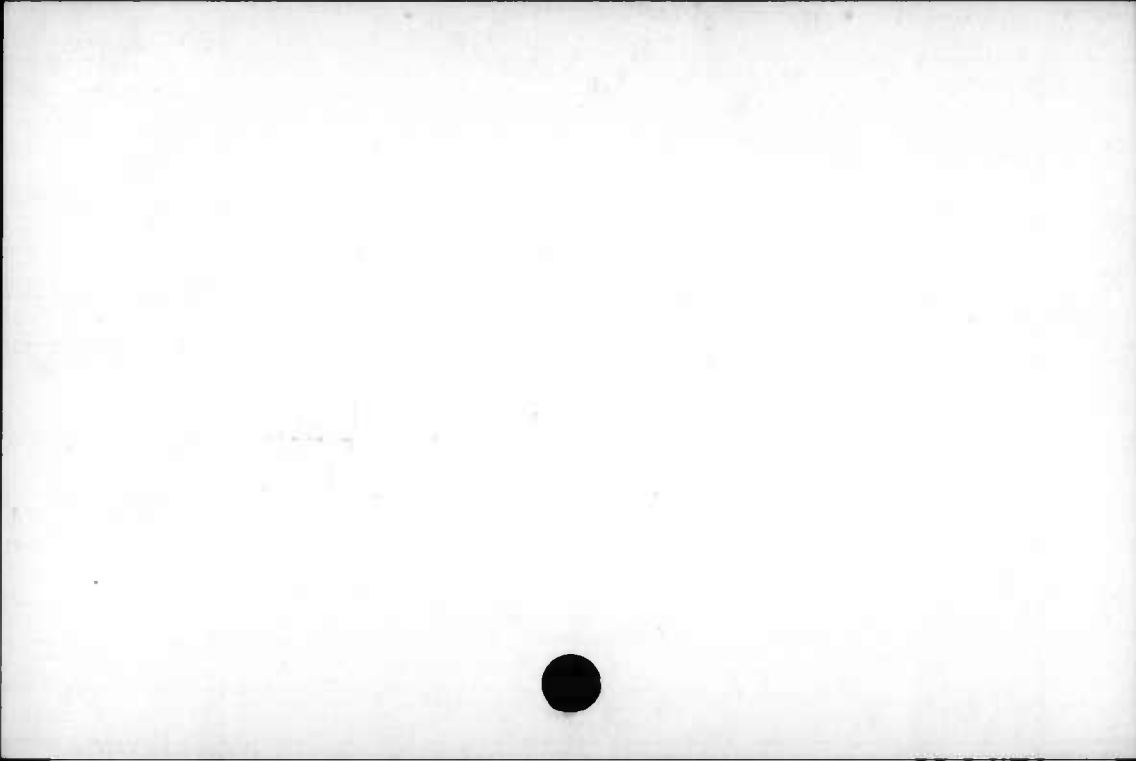
Died at		Town Freak		County Freak		MARYLAND	
Date of death		1908	Month July	Day 5	Age Years 65	Months —	Days —
Sex Female		Color or Race Caucasian		Birth- place Md			
Occupation seamstress				Where Residing if not at place of death			
M arried, Single or W idowed				Name of Wife or Husband			
Father's Name Unknown				Father's Birthplace			
Mother's Maiden Name Unknown				Mother's Birthplace			
Name of person giving In formation Suft Home for Aged				How related to deceased			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary arteriosclerosis of kidneys		How long not known	
Immediate Uremic Coma		How long 4 days	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Wm Crawford & Son	
Accident or Suicide? No		Address Frederick Md	



Name
in
Full

Joseph Dorsey

No. 1,

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} near New London^{County} Fredk.Date
of death 1908Month
1Day
1

Age 61

Months

Days

Sex male

Color or
Race

Black

Birth-
place

Maryland

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
husband

Sarah Dorsey

Father's
Name

Nuk.

Father's
BirthplaceMother's
Maiden Name

Nuk.

Mother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

(64)

Primary

Hemiplegia

How long

18 mos.

Immediate

Apoplexy

How long

died suddenly

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

H. H. Hopkins

Address

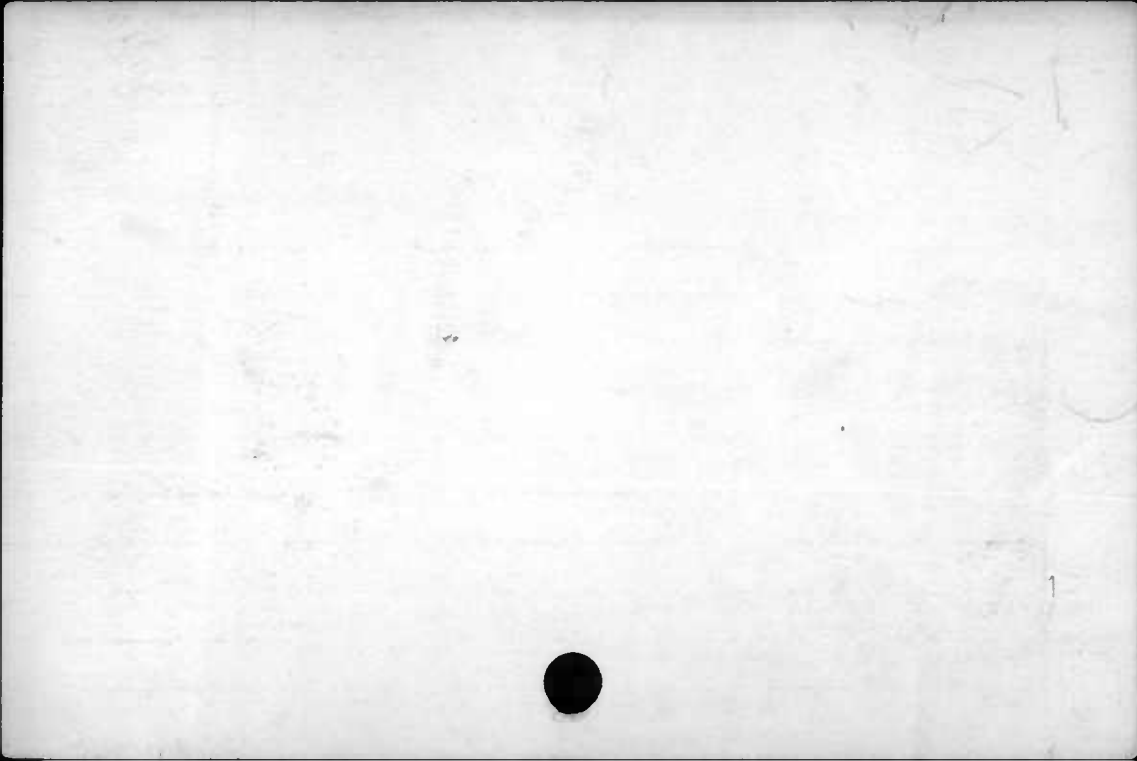
New Market

Md.

Accident or Suicide?

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

Mrs. Mary McAvoy Downin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Brunswick

Frederick

Date
of death 1908Month
1Day
16Age
Years 75Months
8Days
11Sex
femaleColor or
Race whiteBirth-
place Wash. Co., Md.Occupation
XWhere Residing if not
at place of death XMarried, Single
or Widowed widowName of Wife or
Husband Samuel Stark DowninFather's
Name Patrick McAvoyFather's
Birthplace IrelandMother's
Maiden Name Mary GriffinMother's
Birthplace PennsylvaniaName of person giving
In formation Mrs. H. W. Rouskulp.How related
to deceased daughter

CAUSES OF DEATH

Primary
La GrippeHow long
8 daysImmediate
Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

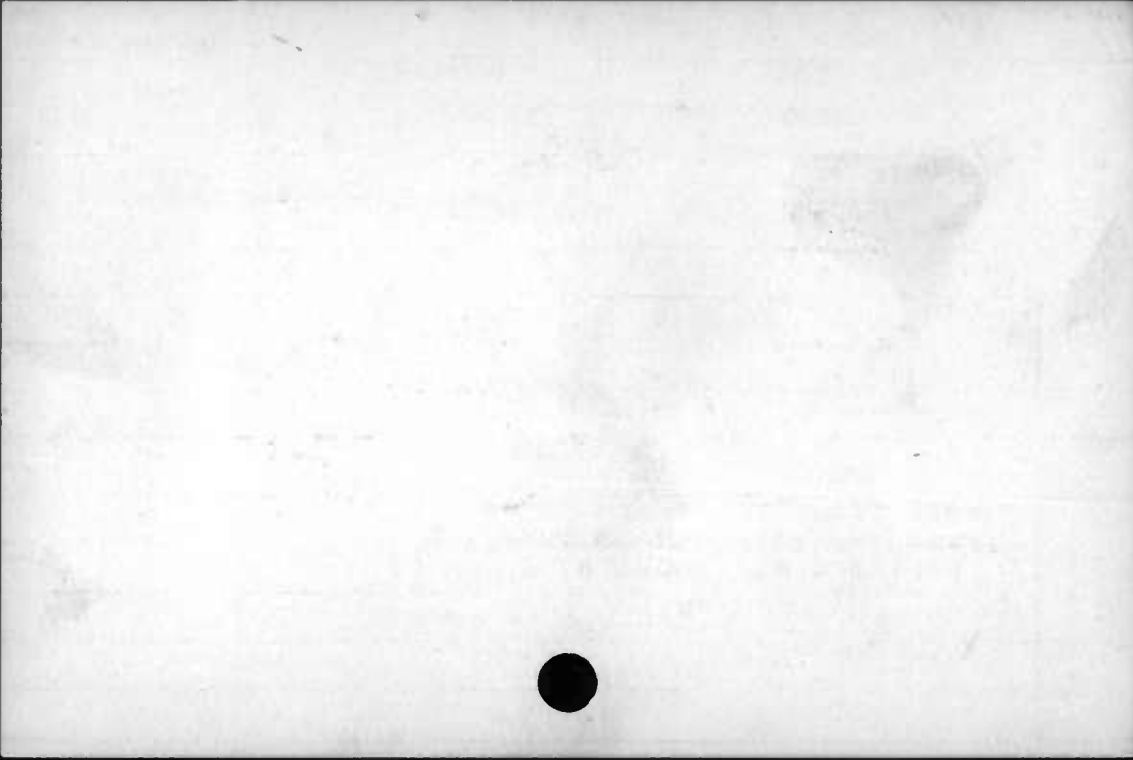
Signature of
Physician

Address

H. S. Hedges M.D.
Brunswick Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Albert Duvall,

CERTIFICATE OF DEATH

Frederick, Md.

Frederick

MARYLAND

Died at

Date

8

Jan'y,

23

Day

Age

35. about

Months

Days

of death 190

Sex

male

Color or
Race

white,

Birth-
place

Unknown

Occupation

laborer.

Where Residing if not
at place of death

Married, Single
or Widowed

Unknown

Name of Wife or
Husband

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
In formation

Dr. F. B. Smith,

How related
to deceased

CAUSES OF DEATH

166

Primary

Shock from broken arm, five
fractured ribs and bruises, R. R.
accident at Woodbine, Md, Jan 22.

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes,

Signature of
Physician

Address

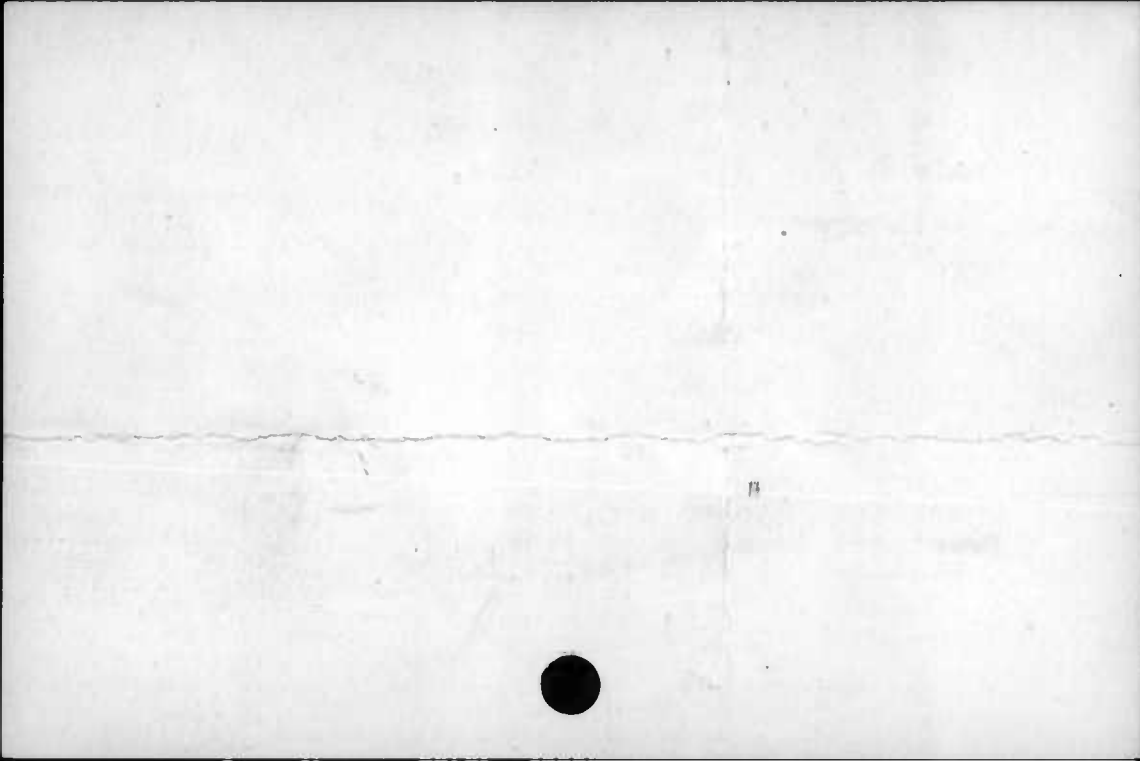
Dr. F. B. Smith
Frederick, Md.
Frederick, Maryland.

Accident or Suicide?

LIBRARY BUREAU 488618

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mary Catharine Ely -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

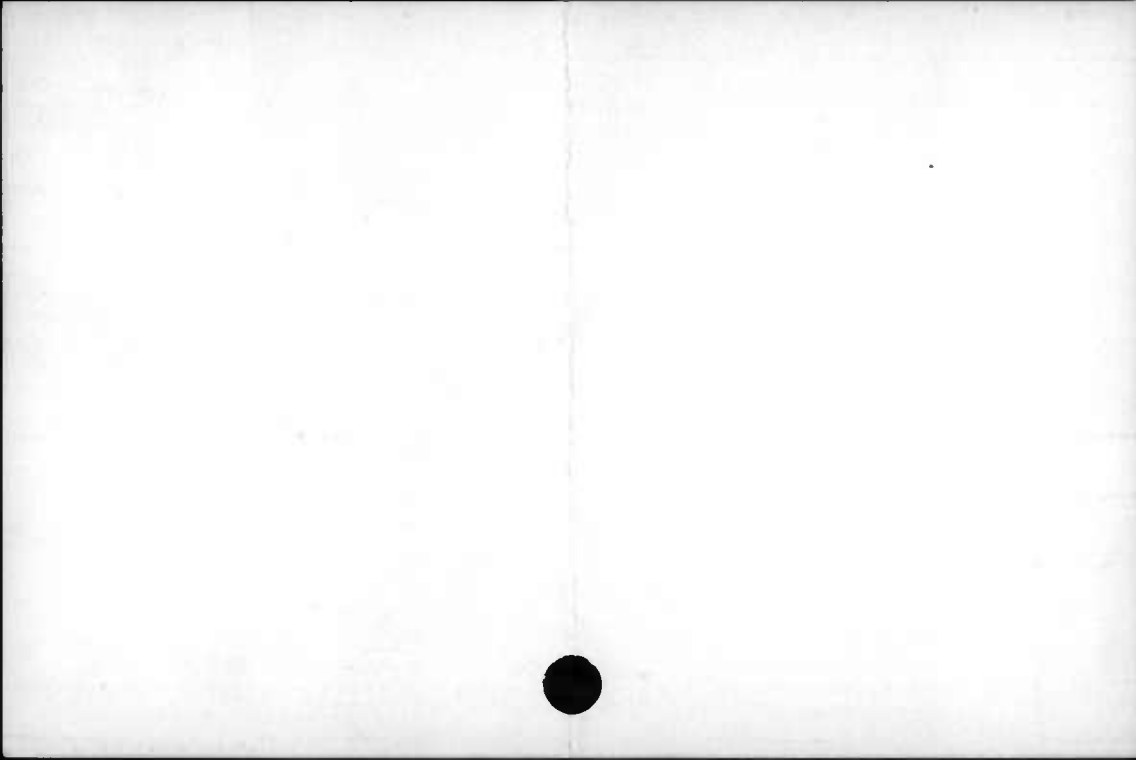
Died at		Town Pinderick		County		MARYLAND	
Date of death 1908		Month July	Day 8	Age 76	Years	Months	Days
Sex Female		Color or Race White		Birth- place Pinderick Md			
Occupation H' wife				Where Residing if not at place of death x			
Married, Single or Widowed		Name of Wife or Husband Isaac H Ely					
Father's Name Peter Schen				Father's Birthplace Germany			
Mother's Maiden Name Unknown				Mother's Birthplace Germany			
Name of person giving In formation R. R. Kemp				How related to deceased Son in law			

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary	Gastritis	How long	2 Wks
Immediate	Exhaustion	How long	x
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Saulbia Buchanan	
		Address	
		Pinderick	
		Md.	
Accident or Suicide?			
x			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Thurmont</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>3rd</i>	Age <i>69</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Thurmont Md</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Catherine Wisotzky</i>						
Father's Name <i>Benj. Frior</i>	Father's Birthplace <i>Thurmont Md</i>						
Mother's Maiden Name <i>Anna Mary Egenbrode</i>	Mother's Birthplace <i>Thurmont Md</i>						
Name of person giving information <i>David Frior</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

Primary <i>Diabetes Mellitus</i>	How long <i>3 years</i>
Immediate <i>Coma</i>	How long <i>36 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. C. Mauer</i>
	Address <i>Thurmont Maryland</i>
Accident or Suicide <i>[Signature]</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

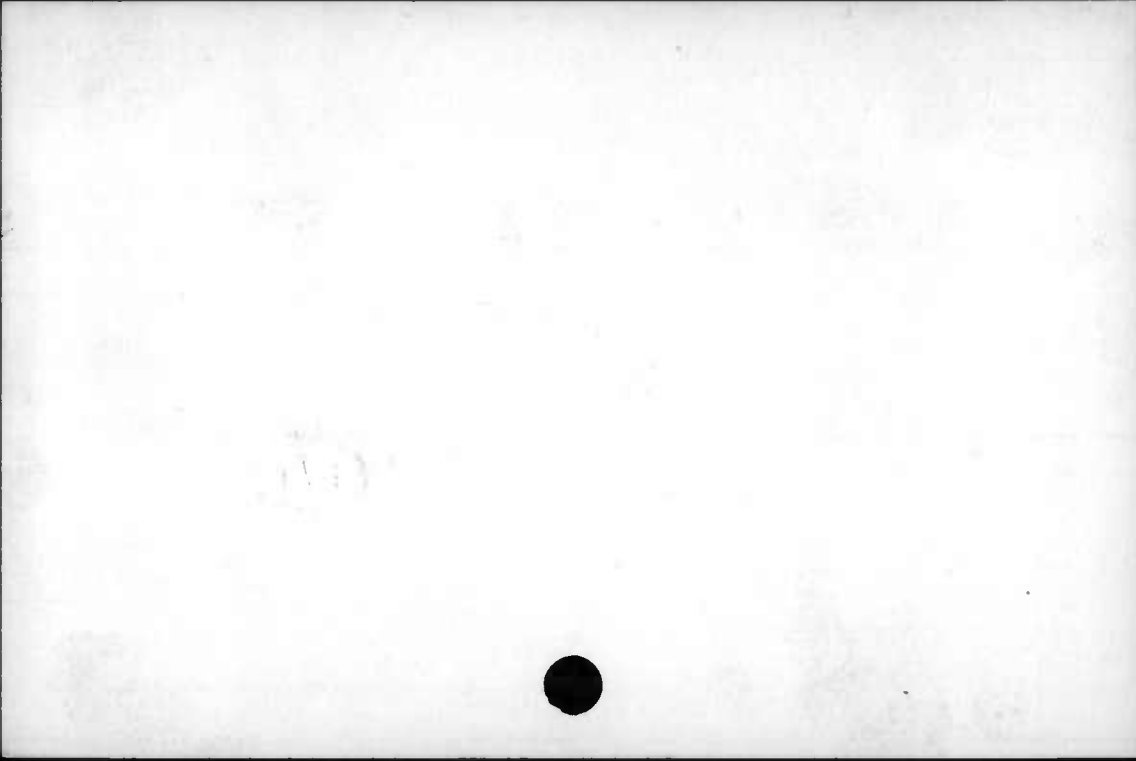
Died at <i>Libertytown</i>		<i>Frederick,</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>11</i>	Day <i>1</i>	Age <i>74</i>	Months <i>4</i>	Days <i>27</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>John Henry Fogle</i>				
Father's Name <i>Jacob Hetzel</i>	Father's Birthplace <i>Germany</i>		Mother's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Susannah Fox</i>	Name of person giving information <i>Albert Fogle</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

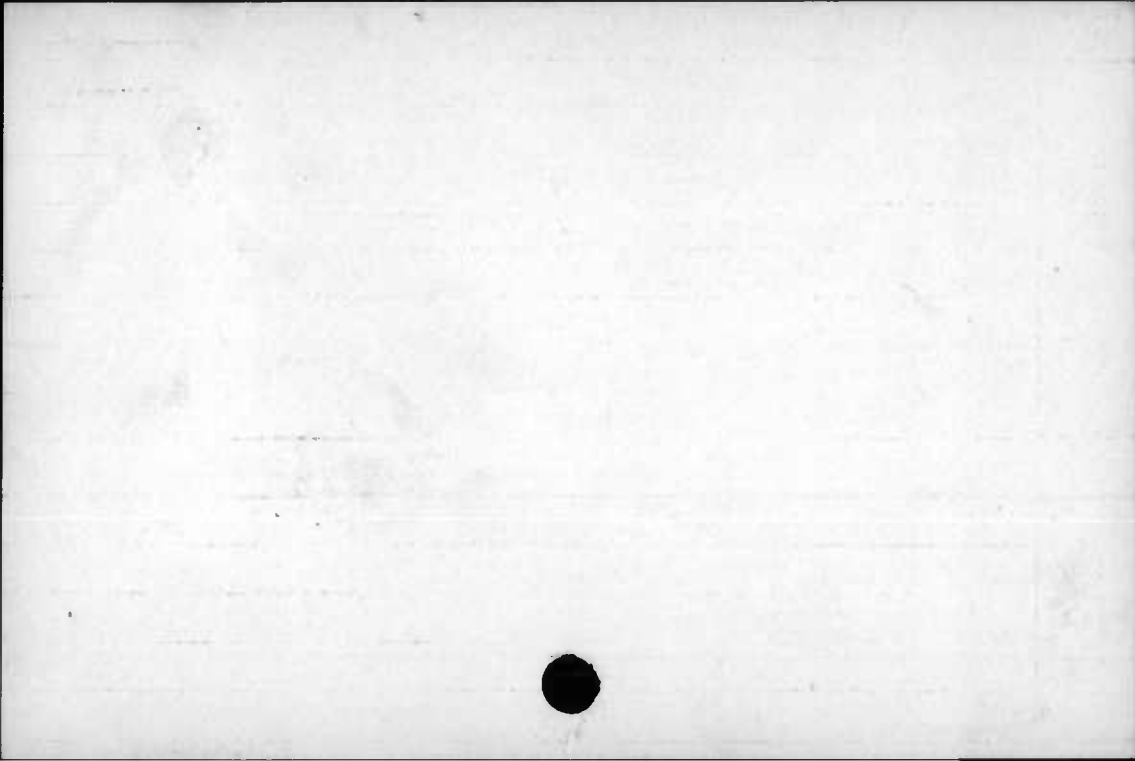
179

PHYSICIAN
OR CORONER

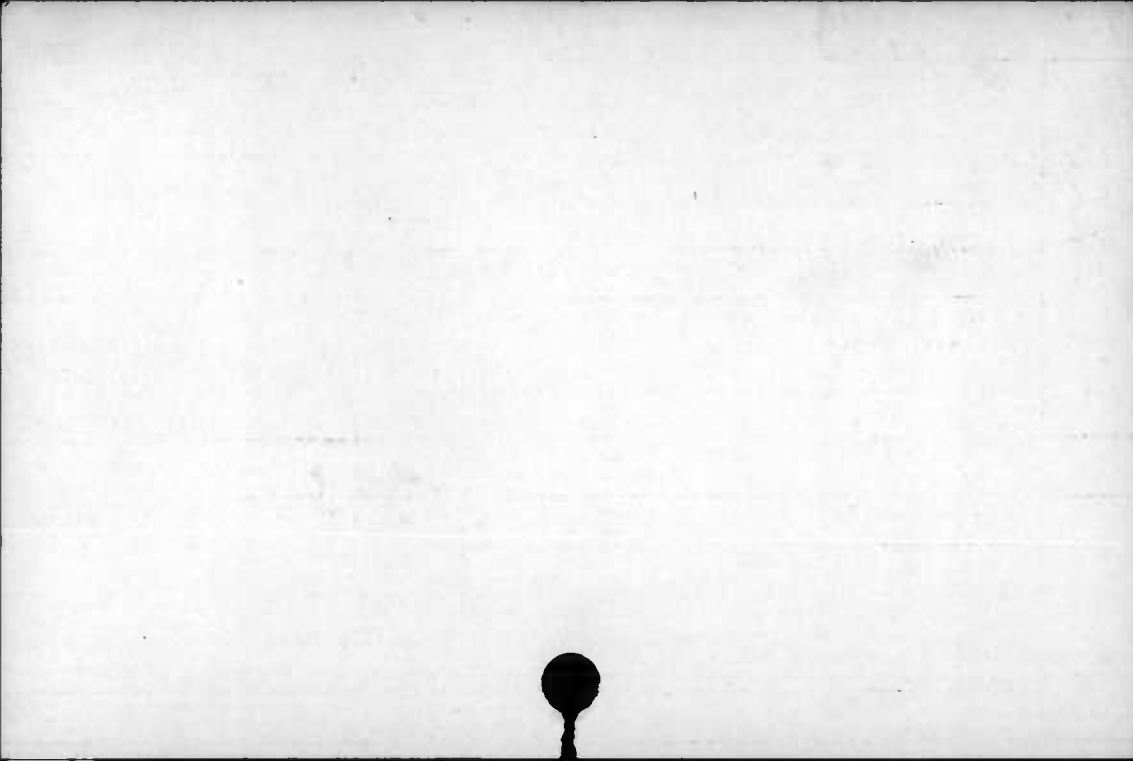
Primary <i>General Debility</i>	How long <i>Several years</i>
Immediate <i>Heart Failure</i>	How long <i>6 days.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Era H. Beall</i>
<i>9</i>	Address <i>Libertytown.</i>
	Accident or Suicide?



Name in Full		Chas. E. H. Fox				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Baltimore		County Frederick		MARYLAND	
	Date of death		1908	Month Jan	Day 14	Age 30		Months -
	Sex		male		Color or Race white		Birth-place md	
	Occupation		Laborer		Where Residing if not at place of death			
	Married, Single or Widowed		married		Name of Wife or Husband Emma S. Ritz			
	Father's Name		Jas. H. Fox		Father's Birthplace md			
	Mother's Maiden Name		May Fox		Mother's Birthplace md			
Name of person giving information		Emma S. Fox		How related to deceased		wfe		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Rue' over by cars		How long 4 hours			
	Immediate		Long bones & shock		How long -			
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Linn West			
					Address Baltimore			
	Accident or Suicide?				Frederick			



Name in Full		Charles Foy				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	13 Brunswick		Frederick		MARYLAND		
	Date of death	1908	Month Jan	Day 28	Age 20	Months	Days	
	Sex	Male		Color or Race	white		Birth-place Ohio (7)	
	Occupation	Breaker on R.R.		Where Residing if not at place of death				
	Married, Single or Widowed	Married		Name of Wife or Husband Nettie Foy				
	Father's Name	Don't Know				Father's Birthplace	Don't Know	
	Mother's Maiden Name	Don't Know				Mother's Birthplace	Don't Know	
Name of person giving information	Chs Foy before death				How related to deceased			
PHYSICIAN OR CORONER	CAUSES OF DEATH							
	Primary	Crushed by Cars. Night Train					How long	166
	Immediate	Hemorrhage to throat					How long	5 hours
	Are the name, age, sex, color, date and place correctly given above?	Ym - so					Signature of Physician	John West
							Address	Brunswick Frederick Co
	Accident or Suicide?	9						



Name
in
Full

Mary M. Frye.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>23</i>	Age <i>2</i>	Years <i>2</i>	Months <i>11</i>	Days <i>29</i>	
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Frederick Co. Md.</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>Same</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>James Frye.</i>	Father's Birthplace <i>Fr. Co. Md.</i>						
Mother's Maiden Name <i>Estella Costly</i>	Mother's Birthplace <i>Spaenell Co "</i>						
Name of person giving information <i>Mrs. Frye</i>	How related to deceased <i>Mother</i>						

CAUSES OF DEATH

61

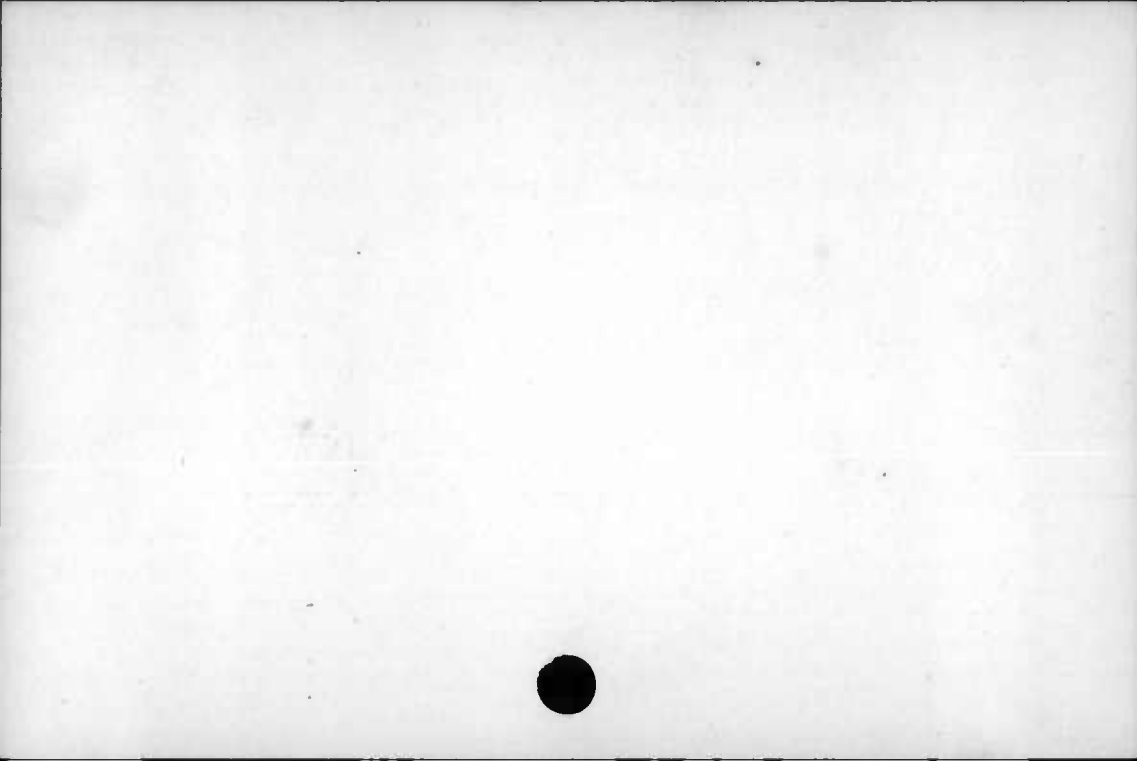
PHYSICIAN
OR CORONER

Primary <i>Meningitis</i>	How long <i>4 days</i>
Immediate <i>Meningitis</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. N. Goodman M.D.</i>
	Address <i>Frederick Md.</i>
Accident or Suicide? <i>no</i>	

Interment Jan 25 - 08
" at Greenmount Cem.
Thomas P. Rice F. & L.

Dr Goodman.
29 E. Patrick St.

Name in Full		MILISSA GETZENHAMMER				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Middletown		County Frederick		MARYLAND	
	Date of death	1908	Month July	Day 24	Age 67	Months 7	Days 4
	Sex	Female		Color or Race	White		
	Occupation	Housewife		Where Residing if not at place of death	X		
	Married, Single or Widowed	Name of Wife or Husband J. W. Getzenhammer					
	Father's Name	David Schuedler			Father's Birthplace	Md	
	Mother's Maiden Name	Ann C. Schuedler			Mother's Birthplace	Md	
Name of person giving information	J. W. Getzenhammer			How related to deceased	husband		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(179)</div>							
PHYSICIAN OR CORONER	Primary	General Prostration				How long	1 Year
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. W. Getzenhammer		
	Address	Middletown Md					
Accident or Suicide?	No						



Name in Full		Elinor Louise Briggs				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Bartonsville		County Frank		MARYLAND
	Date of death		1908	Month 1	Day 9	Age 1	Years 1
	Sex		Female		Color or Race Colored		Birth-place Md
	Occupation		X		Where Residing if not at place of death		X
	Married, Single or Widowed		X		Name of Wife or Husband		X
	Father's Name		James S. Briggs		Father's Birthplace		Md
	Mother's Maiden Name		Susan Butler		Mother's Birthplace		Md
	Name of person giving information		Jas Briggs		How related to deceased		Father
				CAUSES OF DEATH		179	
PHYSICIAN OR CORONER	Primary		Eruption		How long		8 weeks
	Immediate		Exhaustion		How long		Sudden
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		C. F. Groves Md
					Address		Frederick Md
	Accident or Suicide?		X				

Interment

Bartonville

1/10 08


C. C. Cady

Name
in
Full

Elias A. Grushon

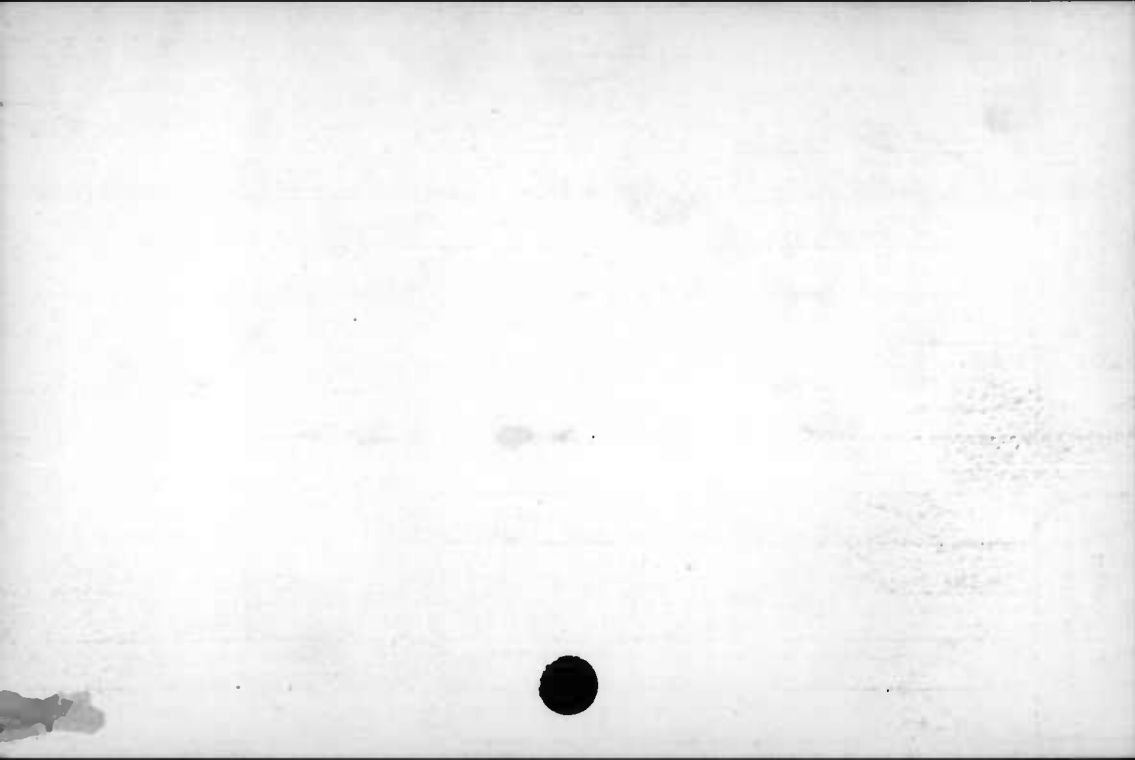
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Breagerstown</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u>	Month <u>January</u>	Day <u>23</u>	Age <u>73</u> <small>Years</small>	<u>9</u> <small>Months</small> <u>26</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Breagerstown</u>		
Occupation <u>Mason</u>	Where Residing if not at place of death <u>at place of death</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Catherine Derr</u>				
Father's Name <u>William Grushon</u>	Father's Birthplace <u>Don't know</u>		Mother's Birthplace <u>Don't know</u>		
Mother's Maiden Name <u>Margaret Blantz</u>	How related to deceased <u>Wife</u>				
Name of person giving information <u>Mary Catherine Grushon</u>					
CAUSES OF DEATH					
Primary <u>Bright's Disease</u>				How long <u>Three years</u>	
Immediate <u>Acute indigestion</u>				How long <u>One hour</u>	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>				Signature of Physician <u>G. D. S. Young</u>	
				Address <u>Breagerstown</u>	
				<u>Fredk Co.</u>	

PHYSICIAN
OR CORONER

Accident or Suicide?



Name

Full

Colored male child

CERTIFICATE OF DEATH

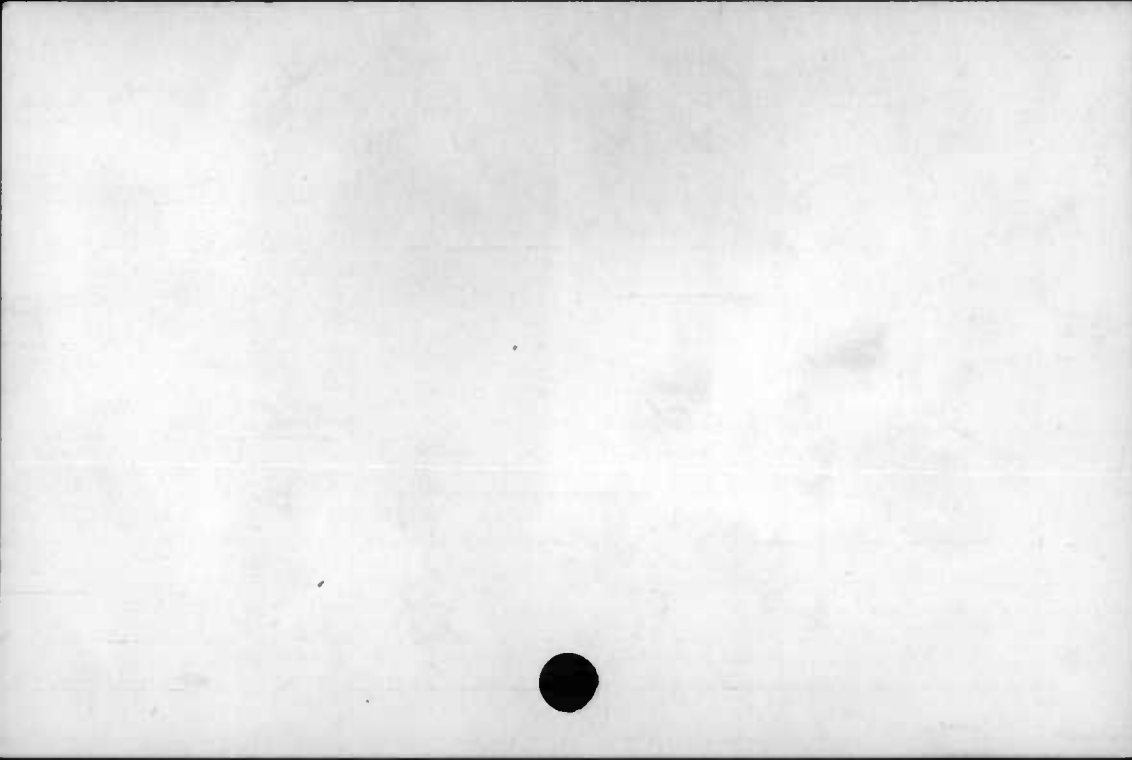
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredenest</i> Town		<i>Hall</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>1</i>	Day	<i>4</i>
Age		<i>Premature Labor - about 5 weeks</i>		Years	<i>Months</i>
Sex	<i>Male</i>	Color or Race	<i>Black</i>	Birth-place	<i>Ind</i>
Occupation			Where Residing if not at place of death		
<i>X</i>			<i>X</i>		
Married, Single or Widowed			Name of Wife or Husband		
<i>X</i>			<i>X</i>		
Father's Name			Father's Birthplace		
<i>Blas. Hall</i>			<i>Ind</i>		
Mother's Maiden Name			Mother's Birthplace		
<i>Mary E. Hall</i>			<i>Ind</i>		
Name of person giving information			How related to deceased		
<i>Chas Hall</i>			<i>Father</i>		

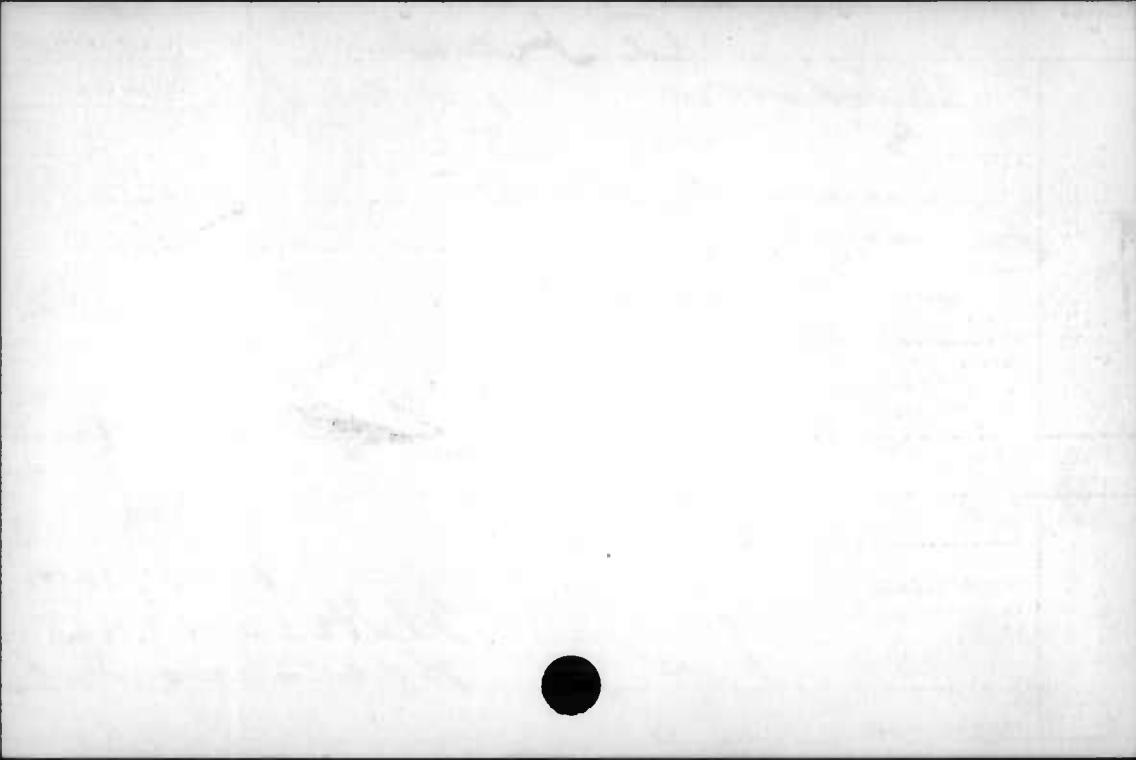
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Continued illness of mother</i>	How long	<i>(S)</i>
Immediate	<i>Still born</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>W. J. Brown, M.D.</i>	
		Address	
		<i>Fredenest Ind.</i>	
Accident or Suicide?			



Name in Full		Hamilton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Junction		Frederick		Hamilton Co., MARYLAND	
	Date of death	1908	Month	Jan	Day	22nd	Age
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Infant		Where Residing if not at place of death			
	Married, Single or Widowed	Infant		Name of Wife or Husband			
	Father's Name	H. C. Hamilton				Father's Birthplace	Ind.
	Mother's Maiden Name	Florence Gammitt				Mother's Birthplace	Ind.
Name of person giving information	H. C. Hamilton				How related to deceased	Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Breach Case				How long	
	Immediate	Still Birth				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	9				Address		
	Accident or Suicide?				Frank H. Hedger Frederick Ind.		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

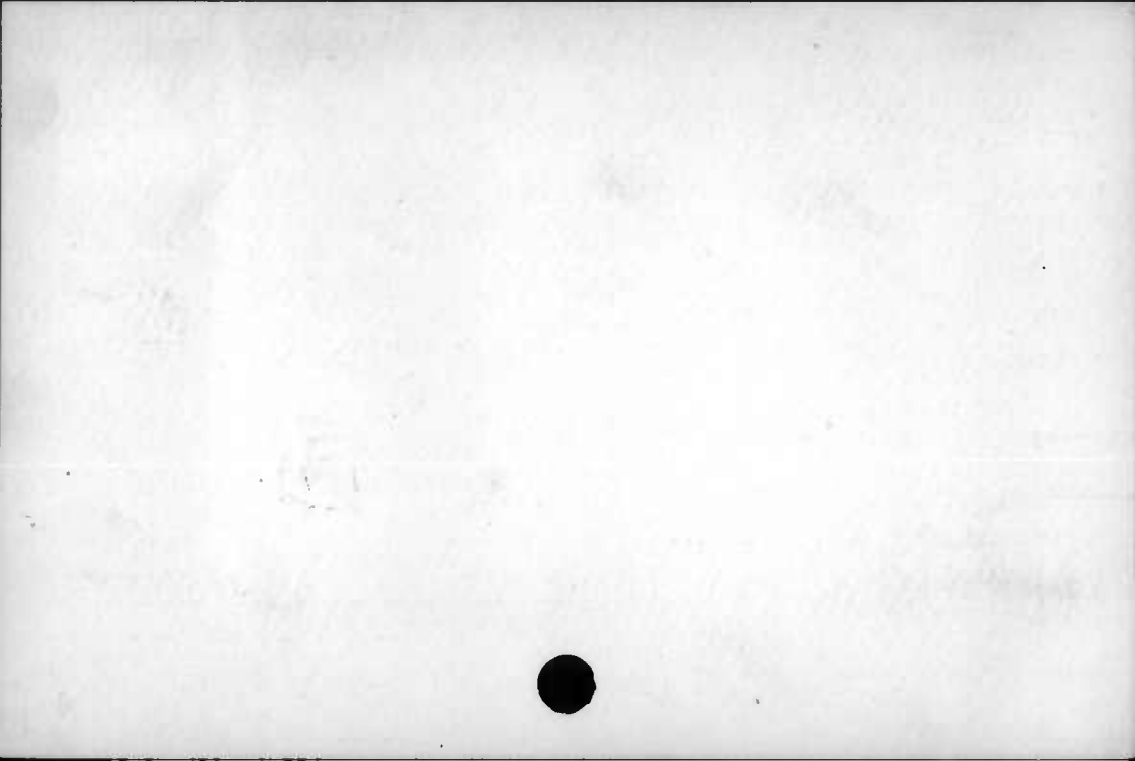
Name <i>Mrs. Lydia A. Hape</i>		Town <i>Woodsboro</i>		County <i>Frederick</i>		MARYLAND					
Died at		Month <i>1</i>		Day <i>21</i>		Years <i>81</i>		Months <i>11</i>		Days <i>1</i>	
Date of death <i>1908</i>		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>					
Occupation <i>Housewife</i>				Where Residing if not at place of death <i>Woodsboro</i>							
Married, Single or Widowed				Name of Wife or Husband							
Father's Name <i>Emanuel Eby</i>				Father's Birthplace <i>Ind.</i>							
Mother's Maiden Name <i>Catharine Eby</i>				Mother's Birthplace <i>Ind.</i>							
Name of person giving information <i>Ella Hape</i>				How related to deceased <i>Daughter</i>							

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Old Age.</i>		How long <i>—</i>	
Immediate <i>Tubercular Heart Trouble</i>		How long <i>3 or 4 years.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. H. Kahler</i>	
		Address <i>Woodsboro. Ind.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Clarence Herman Harding
 Died at ^{Town} Park Mills ^{County} Ind. ^{State} MARYLAND
 Date of death 1908 ^{Month} Jan ^{Day} 9 ^{Age} 10 ^{Years} ^{Months} ^{Days}
 Sex Male ^{Color or Race} White ^{Birth-place} Ind
 Married, Single or Widowed Single ^{Occupation}
 Name of Wife or Husband
 Father's Name Albert Harding ^{Father's Birthplace} Ind
 Mother's Maiden Name Jane Boteler ^{Mother's Birthplace} Ind
 Name of person giving information Albert Harding ^{How related to deceased} Father

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary ^{How long} 8 yrs -
 Immediate Mal-nutrition ^{How long} 6 mos
 Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} T. Clyde Rauten
 Address Sub. Ry
 Accident or Suicide? ^{Buckeye town}

23

July 5-

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Name *Mary E. Hodger* Town *Lewiston* County *Fred.*

Died at *Lewiston*

Date of death *1908* Month *1* Day *8* Age *65* Years Months *7* Days *28*

Sex *Female* Color or Race *White* Birth-place *Md*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Lewis A. Hodger*

Father's Name *Levin Kamsky* Father's Birthplace *Md*

Mother's Maiden Name *Lydia Brungel* Mother's Birthplace *Md*

Name of person giving information *—* How related to deceased *—*

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary *Diabetes* How long *Three years*

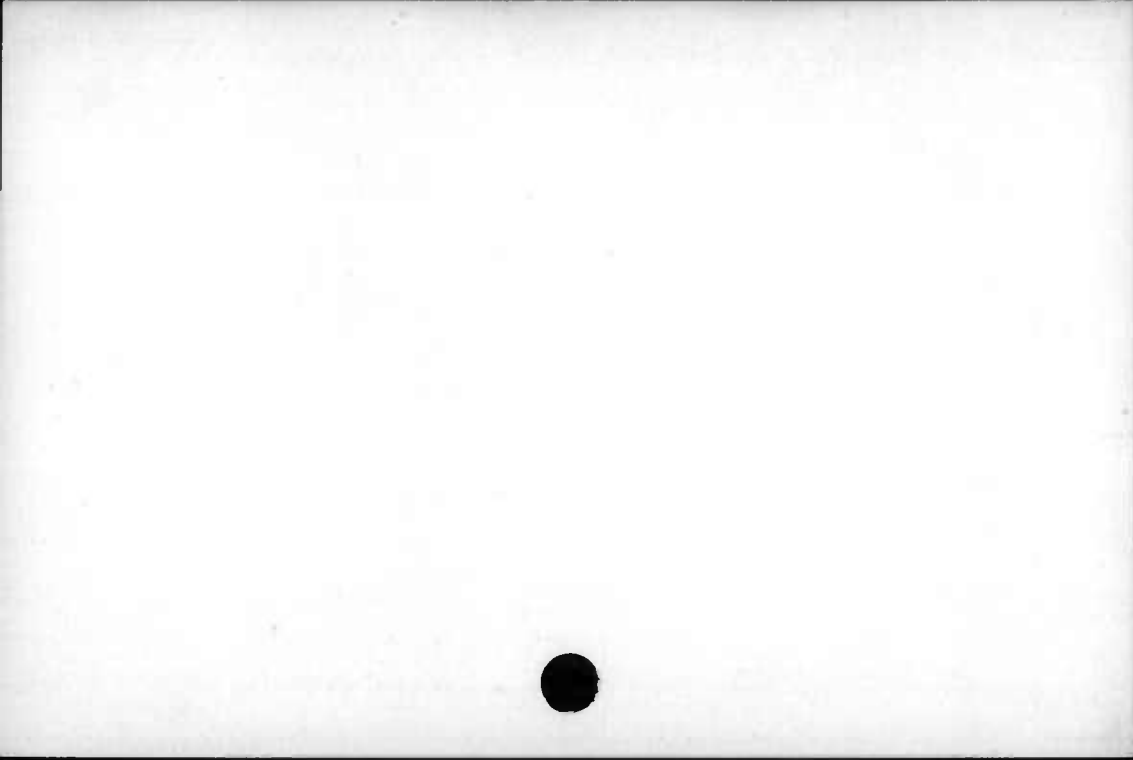
Immediate *Heart Failure* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. S. Mijks*

Address *Lewiston Md.*

Accident or Suicide? *No*



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

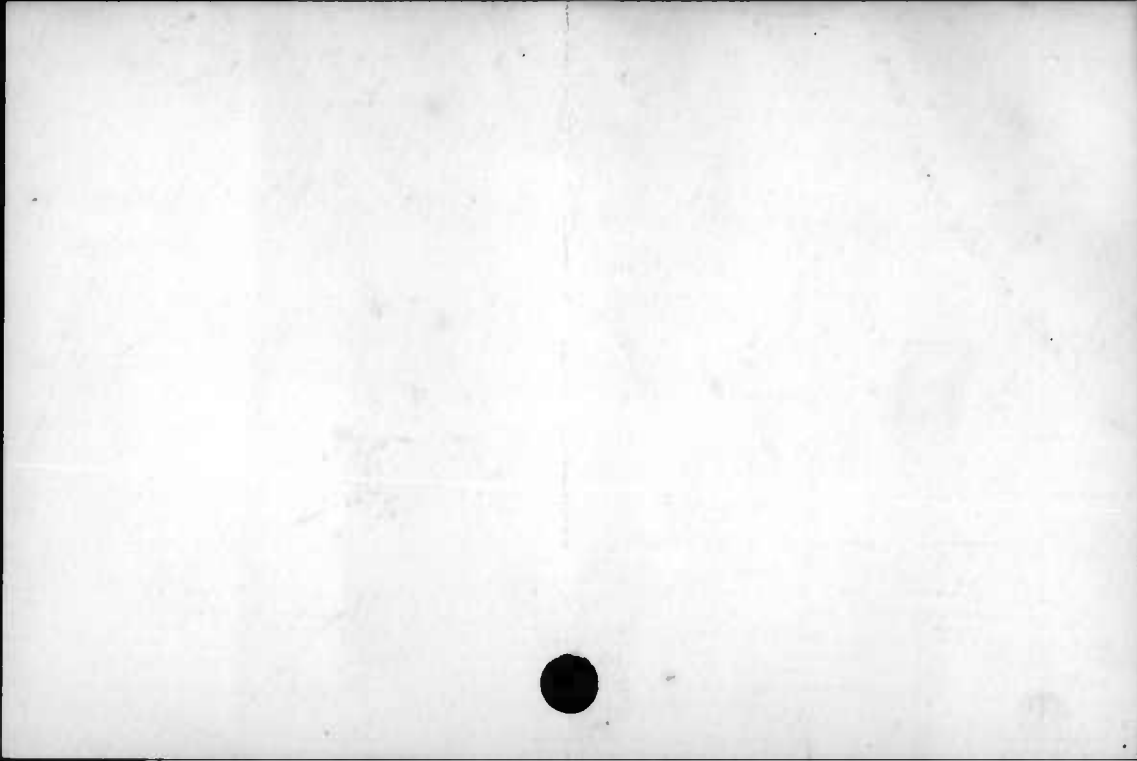
MARYLAND

Died at *Mar. Tandler* ^{Town} *Greenk* ^{County}Date of death *1908* ^{Month} *1* ^{Day} *8* ^{Years} *88* ^{Months} *8* ^{Days} *14*Sex *Female* Color or Race *White* Birth-place *Va*
Occupation *None* Where Residing if not at place of death *Dorid Fry Frederick Co*~~Married, Single~~
~~or Widowed~~ Name of Wife or Husband *David Henth*Father's Name *Don't Know* Father's Birthplace *Don't Know*Mother's Maiden Name *Don't Know* Mother's Birthplace *" "*Name of person giving information *David Fry* How related to deceased *Nephew*

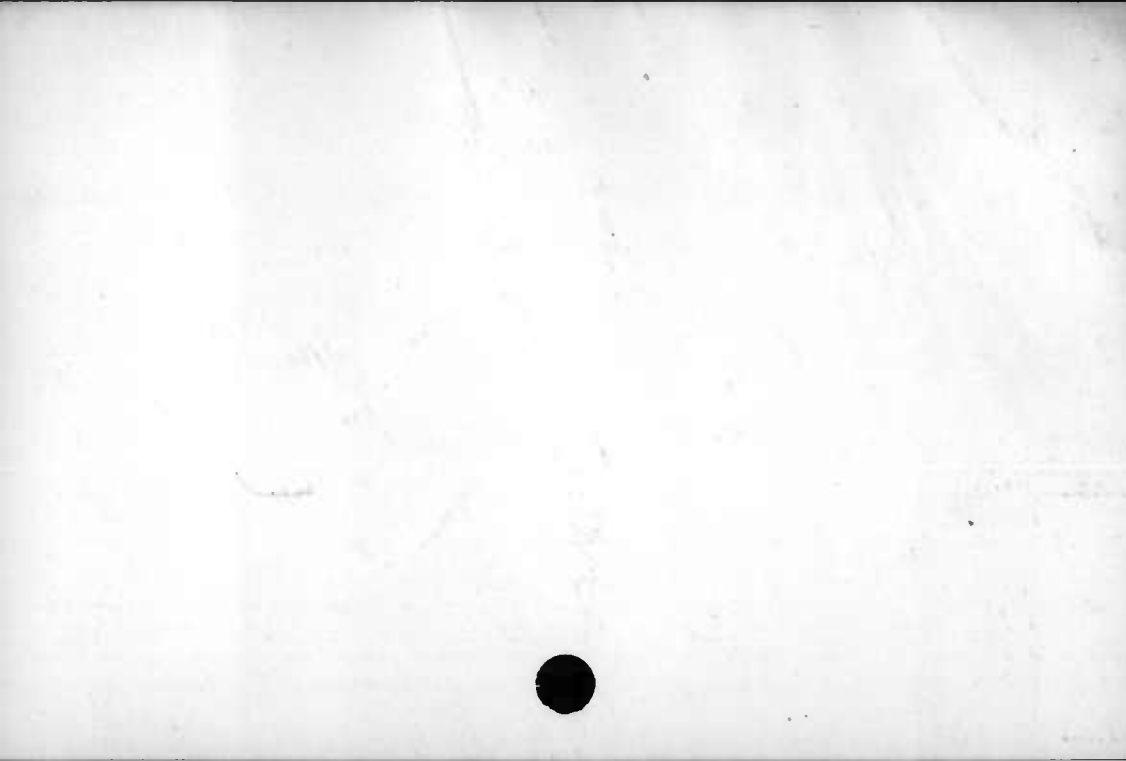
CAUSES OF DEATH

179

Primary *General Debility* How long *18 years*Immediate *Heart Failure* How long *6 hours*Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *Dr. H. B. Grist*Address *2 Jefferson*
*Greenk Co. Md.*Accident or Suicide? *9*



Name in Full		Carrie R. Hill				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Hopeland	County Frederick		MARYLAND		
	Date of death	1908	Month Jan	Day 17th	Age 1	Months 10	Days 3	
	Sex	Female		Color or Race	Colored			
	Occupation				Birth-place	Hopeland, Md.		
				Where Residing if not at place of death				
	Married, Single or Widowed		Name of Wife or Husband					
	Father's Name		John Hill		Father's Birthplace			
Mother's Maiden Name		Cora Marshall		Mother's Birthplace				
Name of person giving information		John Hill		How related to deceased			Father	
<div>CAUSES OF DEATH</div> <div>10</div>								
PHYSICIAN OR CORONER	Primary		Probably, La Grippe			How long		Indefinite
	Immediate		Broncho-Pneumonia			How long		Indefinite
	Are the name, age, sex, color, date and place correctly given above?		yes			Signature of Physician		Ulysses G. Bourne
						Address		Frederick, Md.
Accident or Suicide?								



Name
in
Full

Wm H. Hooper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

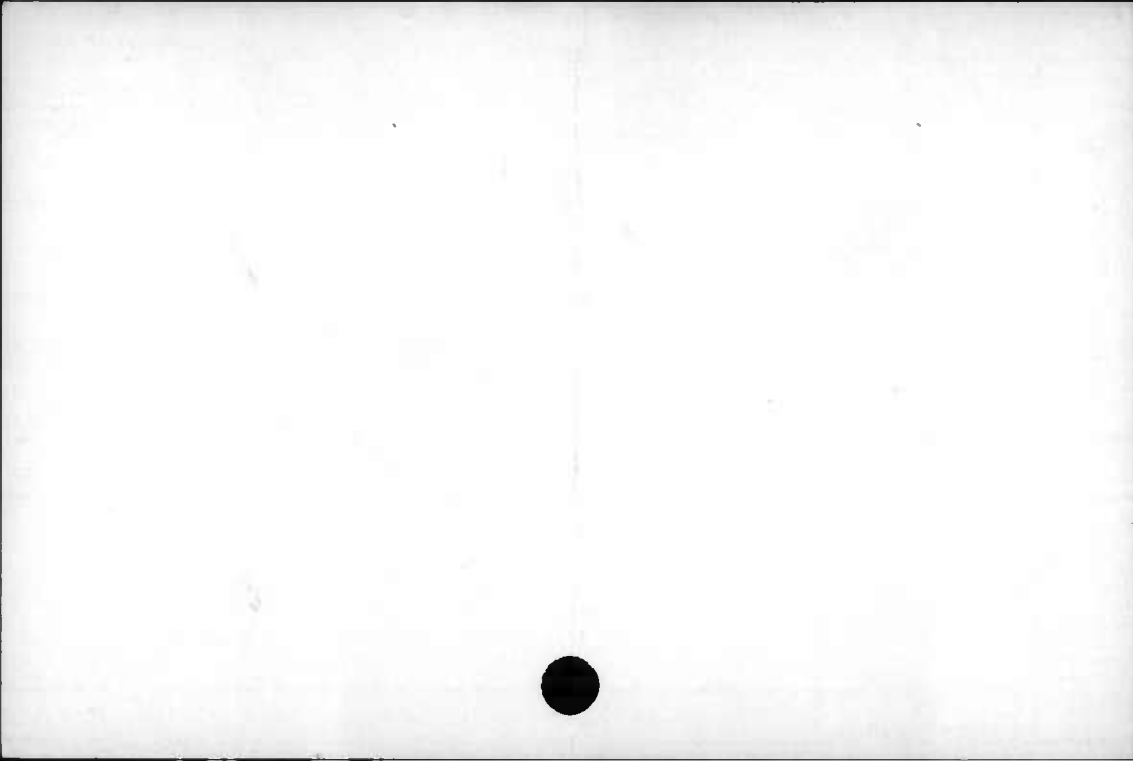
Died at Indeuch Town		Indeuch County		MARYLAND	
Date of death 1908	Month 1	Day 14	Age 78 Years	Months 1	Days 1
Sex Male	Color or Race White	Birth-place Indeuch			
Occupation Dealer in Sars	Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed Married	Name of Wife or Husband Mary Jane Hooper				
Father's Name John Hooper	Father's Birthplace Indeuch Md				
Mother's Maiden Name Julia Wags	Mother's Birthplace Indeuch Md				
Name of person giving information Louis Hooper	How related to deceased Son				

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary Obstruction of Bowels	How long 5 days
Immediate Paralysis of Heart	How long —
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Franklin Buchanan
	Address Indeuch, Md
Accident or Suicide? <input type="checkbox"/>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Lloyd Howard</i>		Town <i>Near Frederick</i>		County <i>Frederick</i>		MARYLAND	
Died at		Month <i>1</i>		Day <i>4</i>		Years <i>75</i>	
Date of death <i>1908</i>		Month <i>1</i>		Day <i>4</i>		Years <i>75</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth- place <i>Mod</i>		Months <i>—</i>	
Occupation <i>Laborer</i>		Where Residing if not et place of death <i>Frederick</i>		Days <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Smith</i>		Father's Birthplace <i>Mod</i>		Mother's Birthplace <i>"</i>	
Father's Name <i>John Howard</i>		Mother's Maiden Name <i>Mary Jones</i>		How related to deceased <i>Cousin</i>		179	
Name of person giving In formation <i>Harold Key</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Int. debility</i>	How long	<i>unknown</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. S. Lyson,</i>	
yes		Address <i>Frederick,</i>	
Accident or Suicide?		<i>Ind.</i>	

Interment Jan 6 - 08

" at Hope Hill

Thomas P. Price

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Ruth Marie Howard</i>		Town <i>Tilghm Hill</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Tilghm Hill</i>		Date of death 190 <i>8</i>		Month <i>Jan</i>		Day <i>10</i>	
Age <i>4</i>		Years <i>2</i>		Months <i>3</i>		Days <i>3</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Ind</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i></i>					
Name of Wife or Husband <i></i>							
Father's Name <i>Clifton Howard</i>				Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Bertie Williams</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving information <i>Clifton Howard</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>		How long <i>4 or 5 Wks</i>	
Immediate <i></i>		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>None</i>	
		Address <i>Tilghm Hill, Ind</i>	
Accident or Suicide? <i></i>		<i>Geo W. Peters Undertaker</i>	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

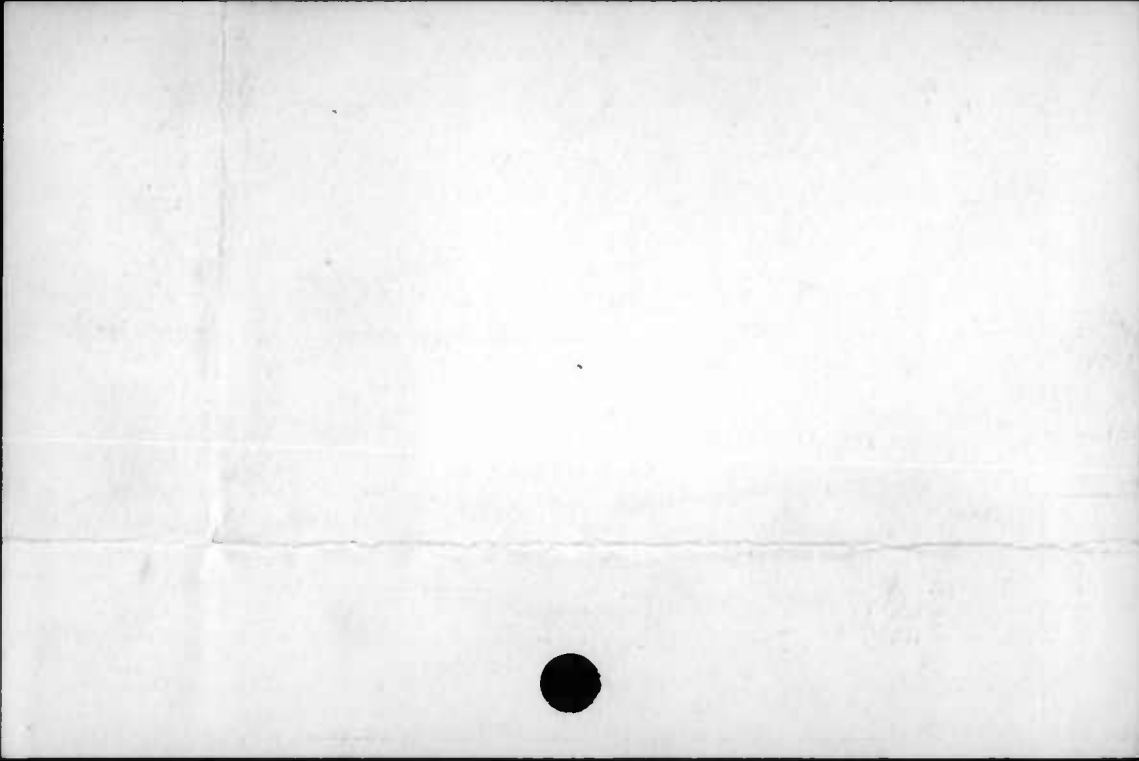
Died at <i>Mt Olive</i>		County <i>Frederick</i>	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>10</i>	Age <i>63</i>
Sex <i>Male</i>	Color or Race <i>Black</i>	Birthplace <i>Maryland</i>	Months <i>4</i>
Occupation <i>Laborer</i>	Where Residing if not at place of death <i>Mt Olive</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Ellen Jackson</i>		
Father's Name <i>Charles Jackson</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Matilda Murdock</i>	Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Elmer E. Myers</i>	How related to deceased <i>no</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>18 months</i>
Immediate <i>Heart</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. W. E. Hoff</i>
	Address <i>Union Bridge</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Adrian H. James*
 Died at *Fredericks* ^{Town} *Fredericks* ^{County}

MARYLAND

Date of death *1908* Month *1* Day *1* Age *—* Years Months *3* Days *1*

Sex *Male* Color or Race *White* Birth-place *Fredericks*

Occupation *—* Where Residing if not at place of death *Same*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Harry C. James* Father's Birthplace *Fredericks*

Mother's Maiden Name *Ella W. Givaley* Mother's Birthplace *W. Va*

Name of person giving information *H. C. James* How related to deceased *Father*

CAUSES OF DEATH

105

Primary *Gastro Enteritis* How long *3 weeks*

Immediate *Exhaustion* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Thos. B. Johnson

Address

*Fredericks, Ind.*Accident or Suicide? *—*

Interment Jan 2. . 08

" at Mt. Olivet.

Thomas P. Rice F. O.

Dr. Thos. B. Johnson

Dr. McLeurdy

Name
in
Full

Adelia Kechler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frederick</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND	
Date of death <u>1908</u>	<u>1</u> <small>Month</small>	<u>19</u> <small>Day</small>	Age <u>51</u> <small>Years</small>	<u>3</u> <small>Months</small>	<u>5</u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>		
Occupation <u>H.W.</u>			Where Residing if not at place of death <u>X</u>		
Married, Single or Widowed		Name of Wife or Husband <u>Frederick W. Kechler</u>			
Father's Name <u>John Sumner</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Mary Howard</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Fred Kechler</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Carcinoma Uteri</u>	How long <u>8 mos</u>
Immediate <u>Exhaustion</u>	How long <u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yr</u>	Signature of Physician <u>C. F. Gooden MD</u>
	Address <u>Frederick, Md</u>
Accident or Suicide? <u>No</u>	

Interment Jan 20. - 08
" at Mt. Olivet Cem.
Thomas P. Rice F.D.

Name
in
Full

Malinda Keller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

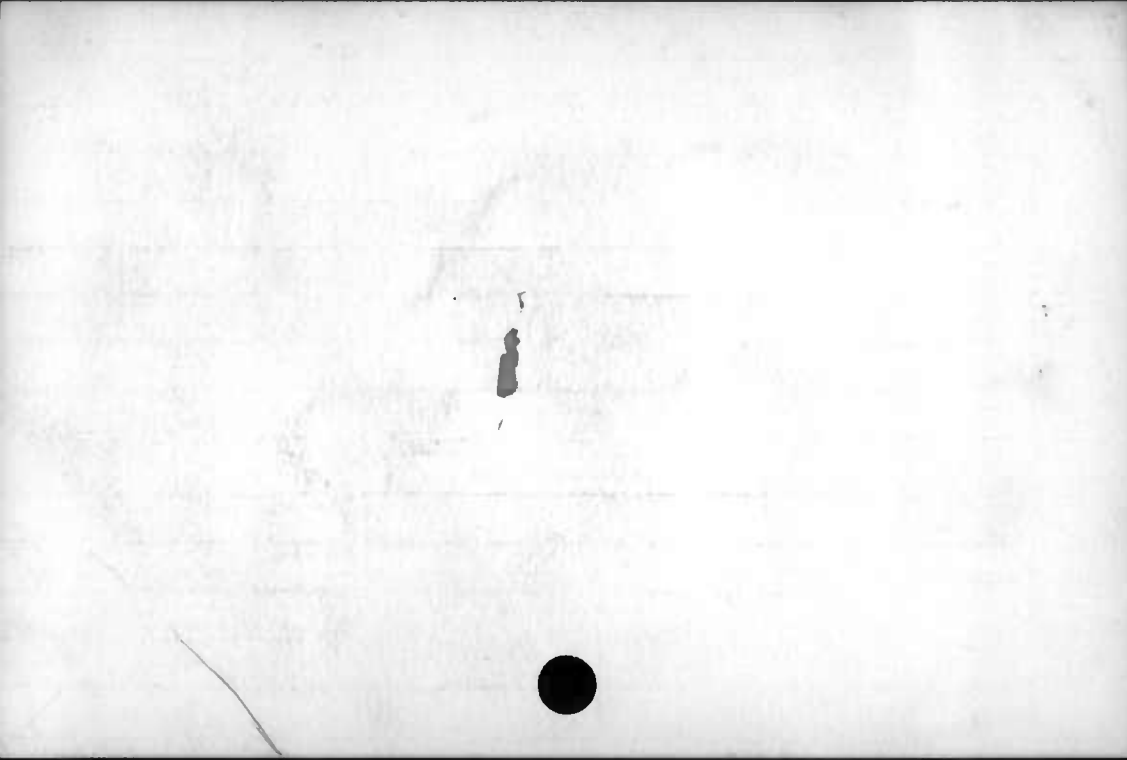
Died at <u>Middletown</u> ^{Town}		<u>Fredenick</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>Jan</u> ^{Month}	<u>15</u> ^{Day}	<u>80</u> ^{Years}	<u>3</u> ^{Months}	<u>14</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Ind.</u>			
Occupation <u>None</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>David Keller</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Hannah Bussard</u>	Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>Catharine Alexander</u>	How related to deceased <u>Sister</u>				

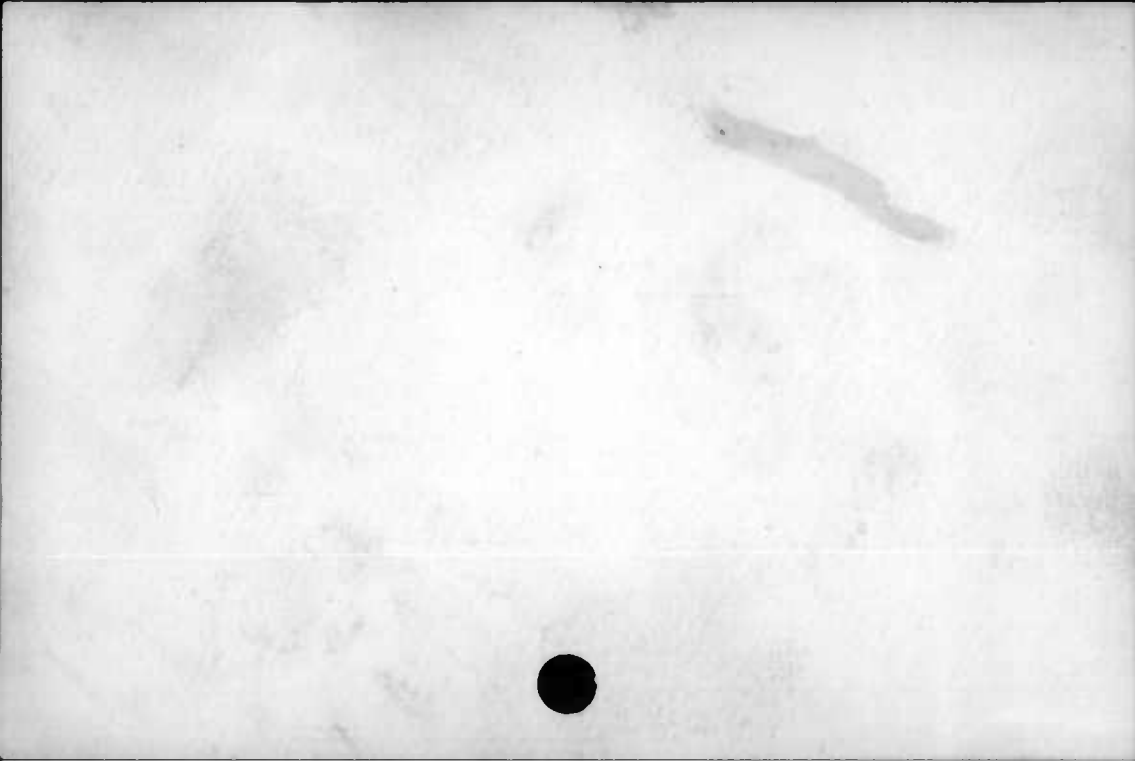
CAUSES OF DEATH

65

PHYSICIAN
OR CORONER

Primary	<u>Softening of brain</u>	How long <u>4 mos.</u>
Immediate	<u>General paralysis</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>E L Beckley</u>
		Address <u>Middletown</u>
Accident or Suicide?	<u>No</u>	<u>Ind</u>





Name
in
Full

Mrs Henrietta Knode

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

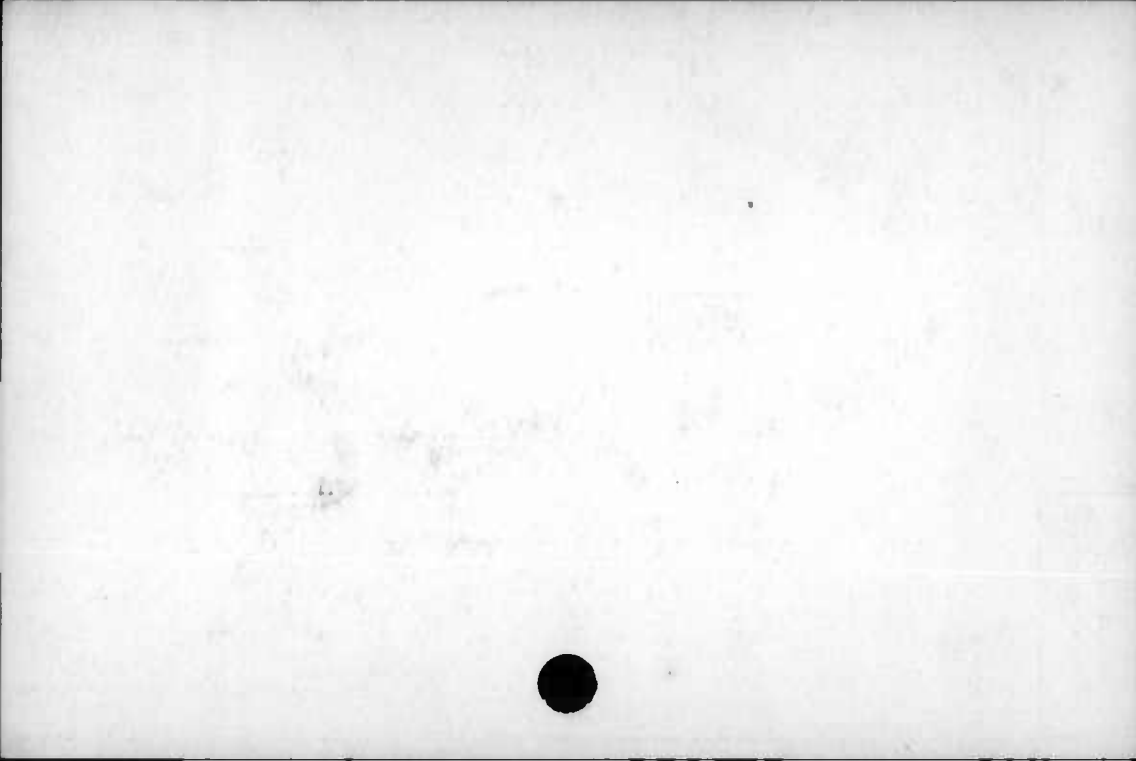
Died at <i>Emmitsburg</i> ^{Town}		<i>Fredrick</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	<i>Jan</i> ^{Month}	<i>27</i> ^{Day}	Age <i>53</i> ^{Years}	<i>11</i> ^{Months} <i>16</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Emmitsburg Md</i>		
Occupation <i>House-keeper</i>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband <i>R. M. Knode</i>				
Father's Name <i>George Warthen</i>	Father's Birthplace <i>Emmitsburg</i>				
Mother's Maiden Name <i>Katherine Puder</i>	Mother's Birthplace <i>Emmitsburg</i>				
Name of person giving information <i>Hellen Knode</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

50

PHYSICIAN
OR CORONER

Primary <i>Diabetes - Mellitus</i>	How long <i>Two Years</i>
Immediate <i>Acute Induration</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. H. Stone</i>
	Address <i>Emmitsburg Md</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

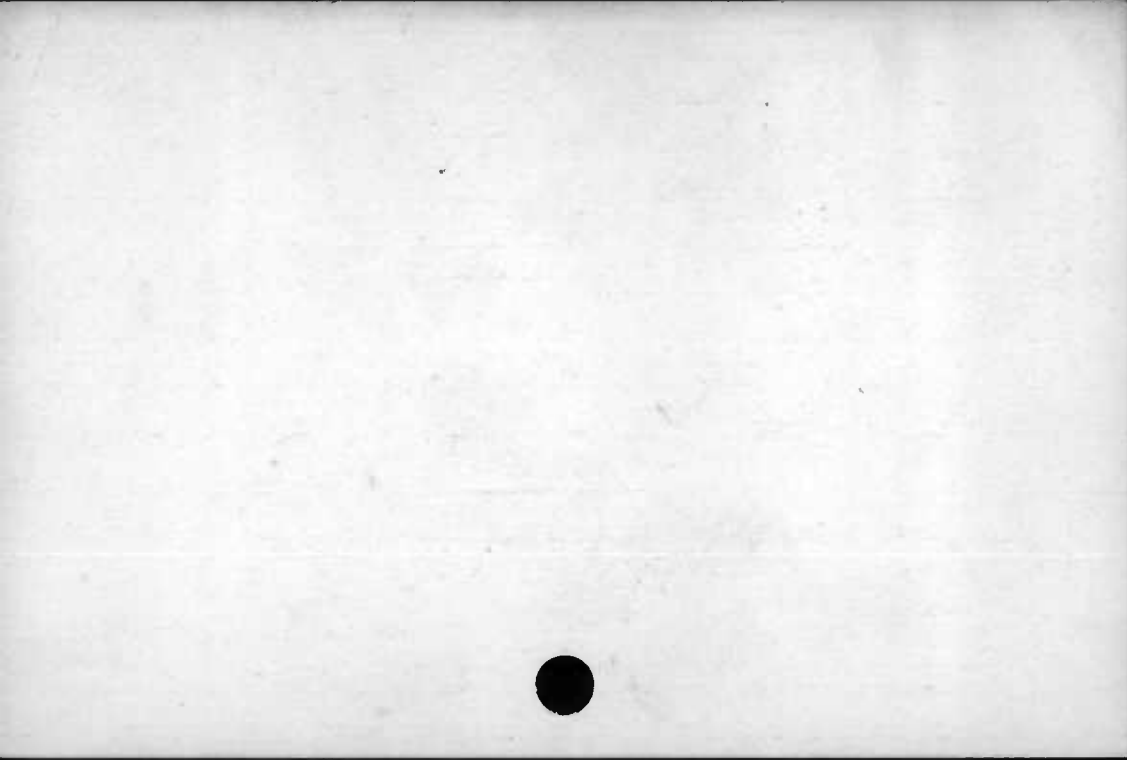
MARYLAND

Died at <u>Jefferson</u> Town <u>Long</u> County <u>Ark</u>			
Date of death <u>1908</u>	Month <u>Jan</u>	Day <u>7</u>	Years <u>Age</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Jefferson</u>	Months <u>Days</u>
Occupation <u></u>		Where Residing if not at place of death <u></u>	
Married, Single or Widowed <u></u>		Name of Wife or Husband <u></u>	
Father's Name <u>Calvin Long</u>		Father's Birthplace <u>Mo</u>	
Mother's Maiden Name <u>Jennie Horne</u>		Mother's Birthplace <u>Ark</u>	
Name of person giving information <u>Calvin Long</u>		How related to deceased <u>Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still Born</u>	How long <u></u>
Immediate <u></u>	How long <u></u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>George Fayette</u>
	Address <u>Burkittville</u>
Accident or Suicide? <u></u>	<u>Med</u>



Name
in
Full

Miss Rev. Synlonner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

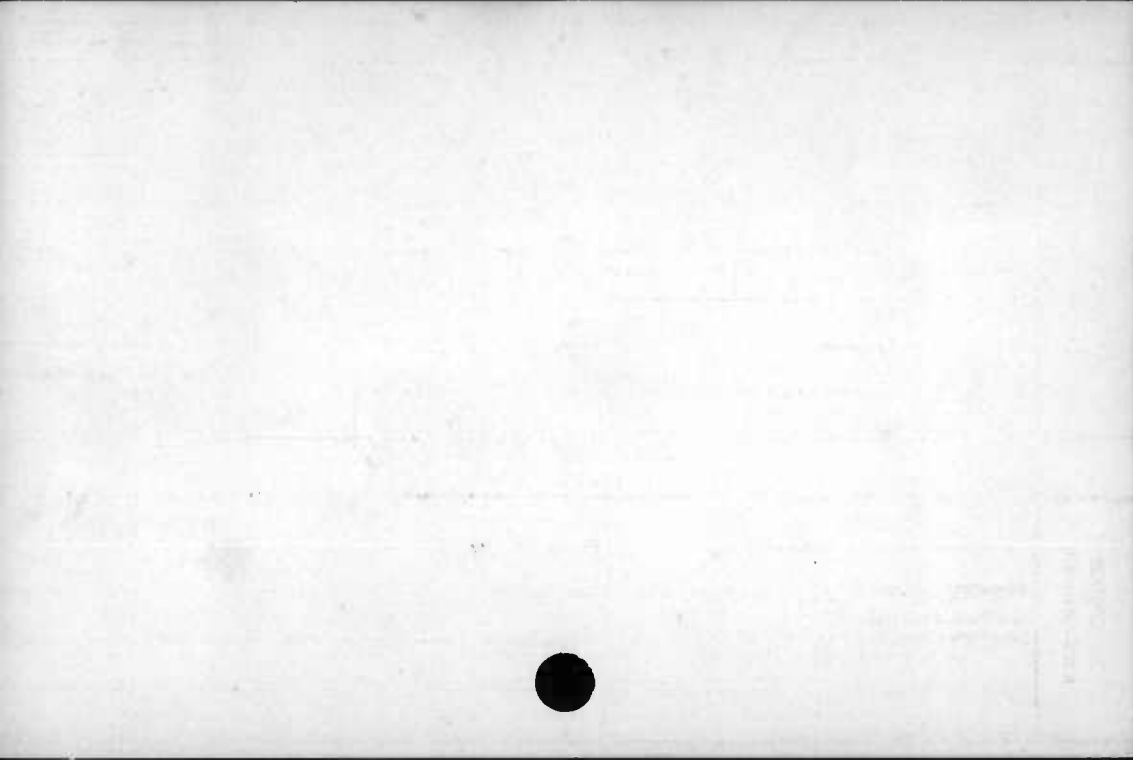
Died at		Town Brammiret		County Frederick		MARYLAND	
Date of death 1908		Month Jan	Day 8	Age 36		Months	Days
Sex male		Color or Race white		Birth- place Hungary			
Occupation Laborer				Where Residing if not at place of death			
Married, Single or Widowed		married		Name of Wife or Husband Don't know			
Father's Name Don't know				Father's Birthplace Hungary (?)			
Mother's Maiden Name Don't know				Mother's Birthplace			
Name of person giving information				How related to deceased Brother			

CAUSES OF DEATH

72

PHYSICIAN
OR CORONER

Primary	Injury to finger	How long	11 days
Immediate	It ames	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
jr		H. D. Hedges	
		Address Brammiret Frederick Co	
Accident or Suicide?			



Name
in
Full

Sarah A. R. McDevitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Frederick</i>		^{County} <i>Frederick</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>12</i>	Age <i>38</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ft. Co. Md</i>		
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>divorced</i>	Name of Wife or Husband <i>William Fultz</i>				
Father's Name <i>John McDevitt</i>	Father's Birthplace <i>Ft. Co. Md</i>				
Mother's Maiden Name <i>Ann S. Spinton</i>	Mother's Birthplace <i>" " "</i>				
Name of person giving information <i>Mrs. Meisinger</i>	How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Congestion of Lungs</i>	How long <i>(10)</i>
Immediate <i>Lungs</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John F. Smith M.D.</i>
<i>J</i>	Address <i>Robert Brown</i>
Accident or Suicide? <i>—</i>	<i>Frederick Maryland</i>

Interment Jan 15 - 08

" at Brook Hill Cemetery

Thomas P. Rice F.D.

Dr. H. P. Fabney.

Name
in
Full

Robert McKnight

CERTIFICATE OF DEATH

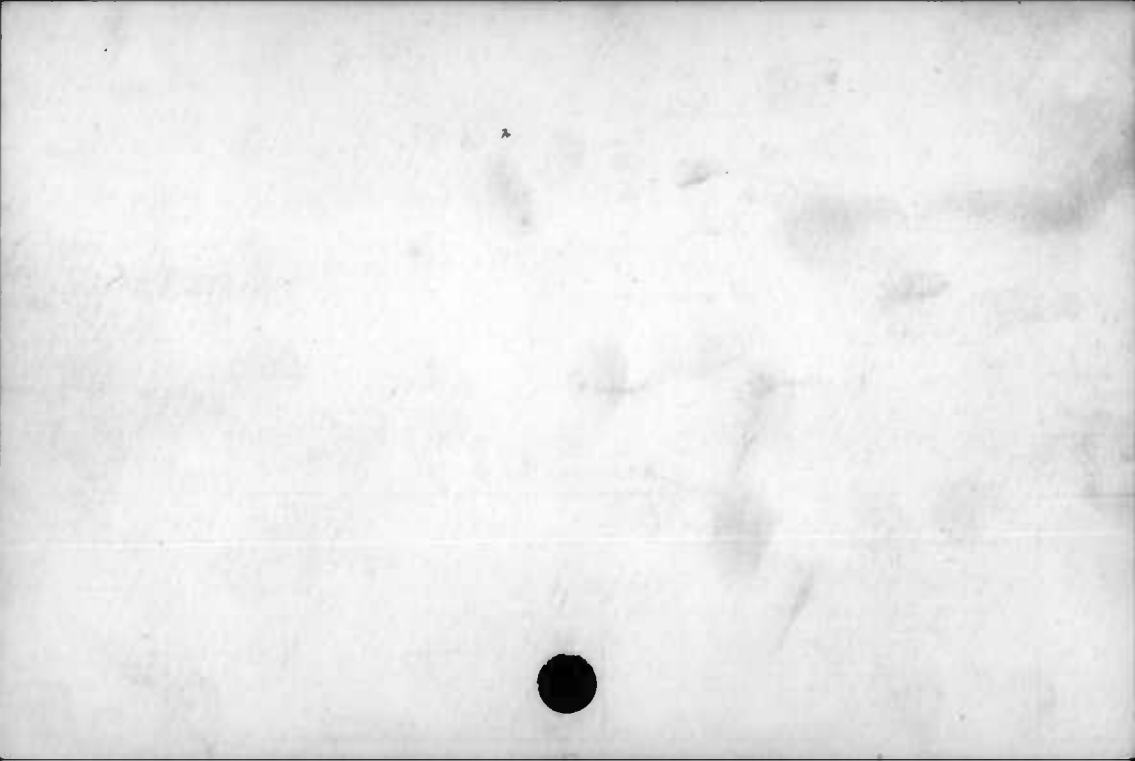
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Point of Rocks</u> ^{Town}		<u>Frederick</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>Jan</u>	Day <u>15</u>	Age <u>66</u>	Months <u>5</u>	Days <u>10</u>
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>Leesburg Va</u>		
Occupation <u>Labourer</u>			Where Residing if not at place of death <u>_____</u>		
Married, Single or Widowed		Name of Wife or Husband <u>Clara Ingram</u>			
Father's Name <u>Robt McKnight</u>		Father's Birthplace <u>Lowden Co Va</u>			
Mother's Maiden Name <u>Annie Jones</u>		Mother's Birthplace <u>Lowden Co Va</u>			
Name of person giving information <u>Robert D. Ingram</u>		How related to deceased <u>Not related</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>Six Years</u>
Immediate <u>Heart Failure</u>	How long <u>Two Days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R. Nathan Gammell</u>
	Address <u>Point of Rocks Md</u>
Accident or Suicide? <u>No</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

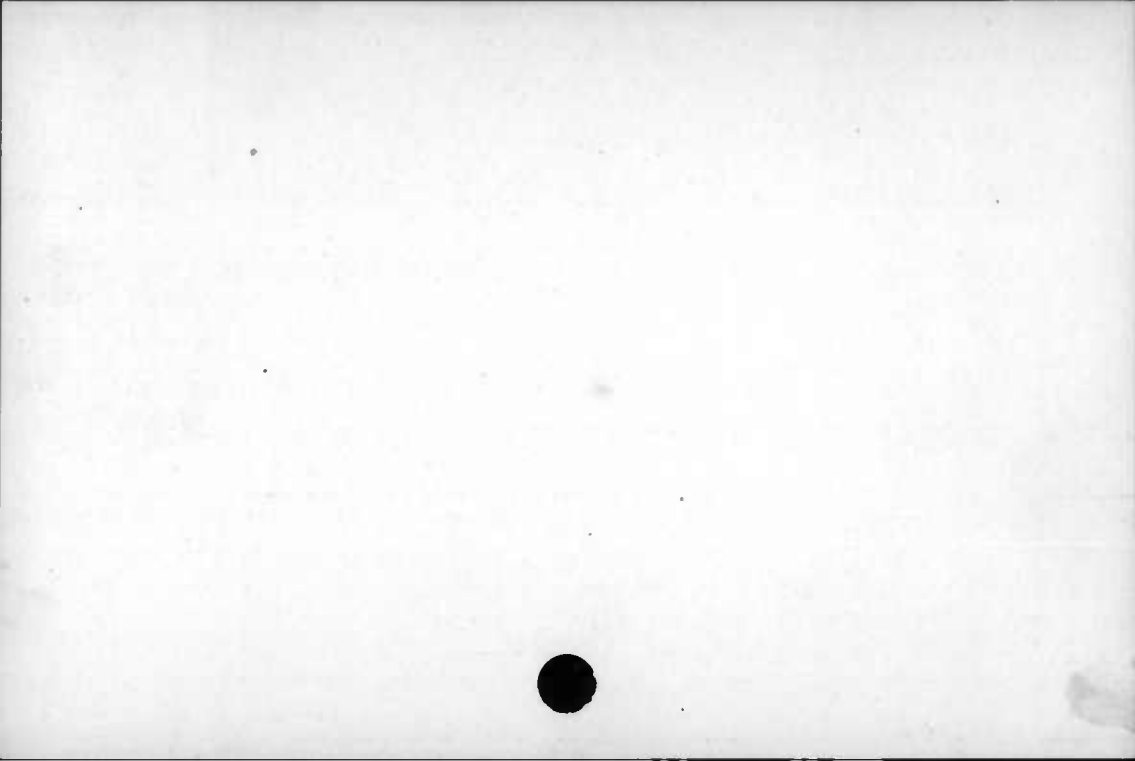
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1905		Jan	3	75	11	10	
Sex	Male	Color or Race	White		Birth-place	Carroll Co., Md.	
Occupation	Railroad		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
Harriet		Kennedy					
Father's Name	Michael Mackley				Father's Birthplace	Pa	
Mother's Maiden Name	Bridget Ashbaugh				Mother's Birthplace	Pa	
Name of person giving information	Wm. Mackley				How related to deceased	Son	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Organic Heart Disease & Nephritis	How long	About 5 years.
Immediate	Pulmonary Edema	How long	1 week.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		E. C. Kefauver	
		Address	
		Shurmont	
		Maryland	
Accident or Suicide?			



Name
in
Full

Vincent Marchetti

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

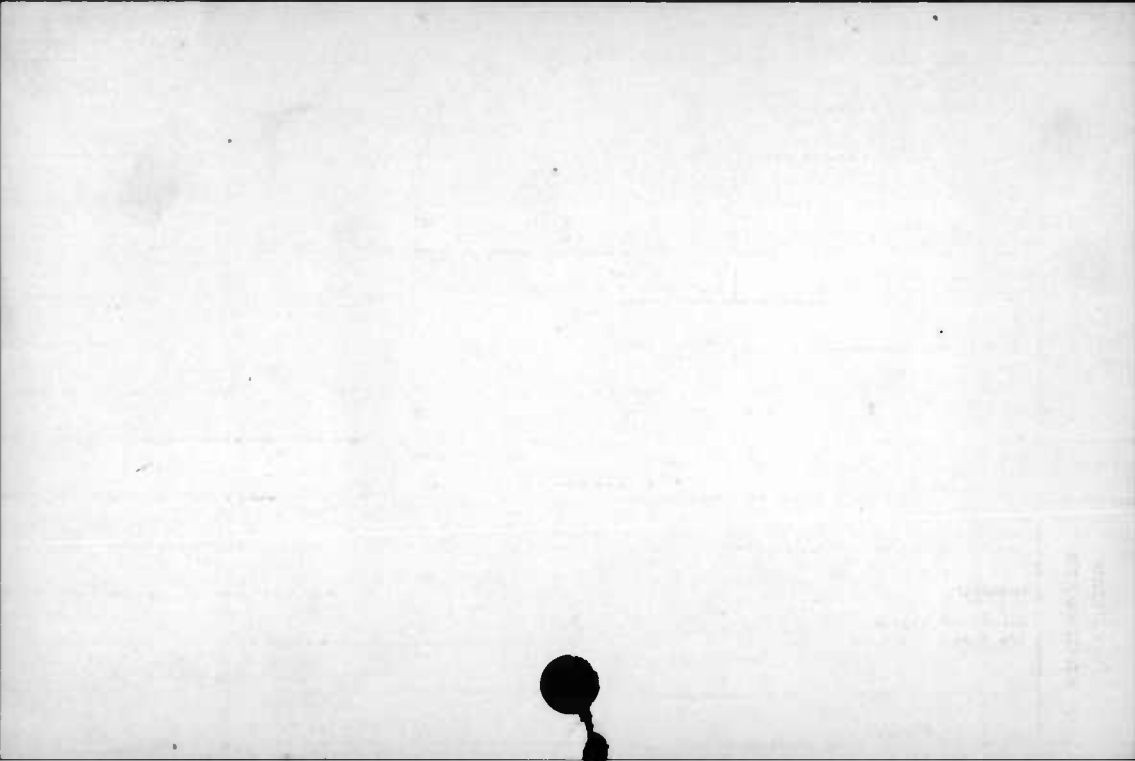
Died at <u>Brunswick</u> ^{Town}		<u>Frederick</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>Jan.</u>	Day <u>9</u>	Age <u>21</u> ^{Years}	Months	Days
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Italy</u>		
Occupation <u>Laborer</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Don't know</u>		Father's Birthplace			
Mother's Maiden Name <u>Don't know</u>		Mother's Birthplace			
Name of person giving information <u> fellow laborer</u>		How related to deceased			

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	<u>Accident - Run over by Car</u>	How long	
Immediate	<u>Shock + fracture Base of Skull</u>	How long	<u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Levi W. Wolf</u>	
		Address <u>Brunswick Frederick</u>	
Accident or Suicide? <u>Accident</u>			



Name
in
Full

Emily Marritt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ballenger</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i>	<i>1</i> <small>Month</small>	<i>29</i> <small>Day</small>	<i>61</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Mount. Co. Md.</i>		
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>Same</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Henry Marritt</i>				
Father's Name <i>Thomas Smith</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Eliza Warfield</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Frank Marritt</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bronchitis</i>	How long <i>3 years</i>
Immediate	<i>Lobar Pneumonia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Wm. W. Smith</i>
		Address <i>Frederick City</i>
Accident or Suicide?	<i>—</i>	

Interment Feb 1 - 08
" at Greenmount.

Thomas P. Rice Exl.

Dr Meredith Smith

Dr Goodell

Dr McGurdy.

Name
in
Full

CERTIFICATE OF DEATH

Frank Willard Marshall

Town

County

MARYLAND

Died at near Urbana

Frederick

Date of death 1908 January 16

Age 24

Months

3

Days

20

Sex male

Color or
Race

White

Birth-
place

Frederick City

Occupation

Farmer

Where Residing if not
at place of death

Urbana

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Frank Marshall

Father's
Birthplace

Frederick City

Mother's
Maiden Name

Mary Willard

Mother's
Birthplace

Frederick City

Name of person giving
In formation

Frank Marshall

How related
to deceased

Father

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

3 years

Immediate

Heart failure

How long

1/2 hour

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Benjamin Perry

Address

Arabic
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

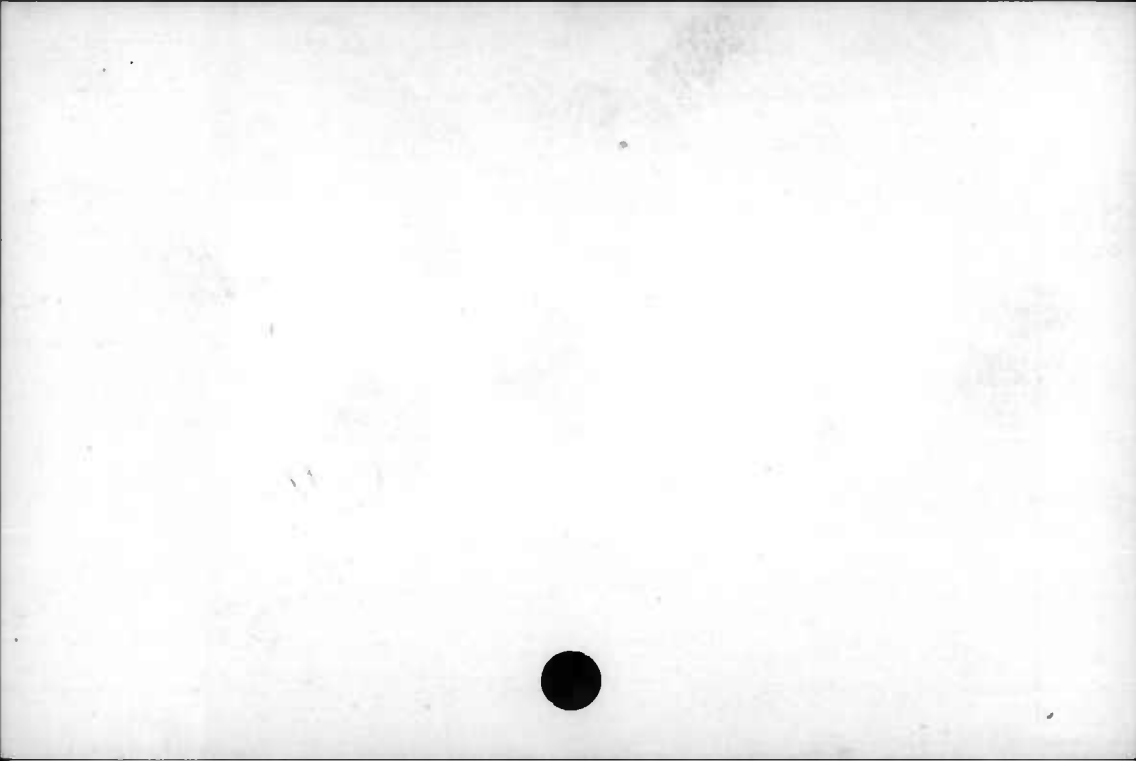
Died at <i>near Thurmont -</i>		Town <i>Thurmont</i>		County <i>Frederick</i>		MARYLAND					
Date of death <i>1908</i>		Month <i>Jan</i>		Day <i>18</i>		Age <i>5-2</i>		Months <i>2</i>		Days <i>10</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>							
Occupation <i>salvage</i>				Where Residing if not at place of death							
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Ida B Martin</i>									
Father's Name <i>F Jacob Miller</i>		Father's Birthplace <i>Ind</i>									
Mother's Maiden Name <i>M Sarah Shuff</i>		Mother's Birthplace <i>Ind</i>									
Name of person giving information <i>Ida B. Miller</i>		How related to deceased <i>Wife</i>									

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Asphyxy</i>		How long <i>one day -</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Morris A. Bailey</i>	
Accident or Suicide? <i>-</i>		Address <i>Thurmont - Md.</i>	



Name
in
Full

Edgar Leslie Morningstar

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Praceham

Andover

Date

of death 1908

Month

Jan

Day

26

Age

Years

0

Months

4

Days

29

Sex

Male

Color or
Race

White

Birth-
place

Greenland

Occupation

[Signature]

Where Residing if not
at place of death

[Signature]

Married, Single
or Widowed

Name of Wife or
Husband

[Signature]

Father's
Name

Harry S. Morningstar

Father's
Birthplace

Mayland

Mother's
Maiden Name

Flora S. Shindler

Mother's
Birthplace

Mayland

Name of person giving
Information

Harry Morningstar

How related
to deceased

Father

CAUSES OF DEATH

167

Primary

Burn, Erysipelas.

How long

2 weeks

Immediate

Bronchitis Pneumonia

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

E. C. K. K. K.

Address

Shurlock

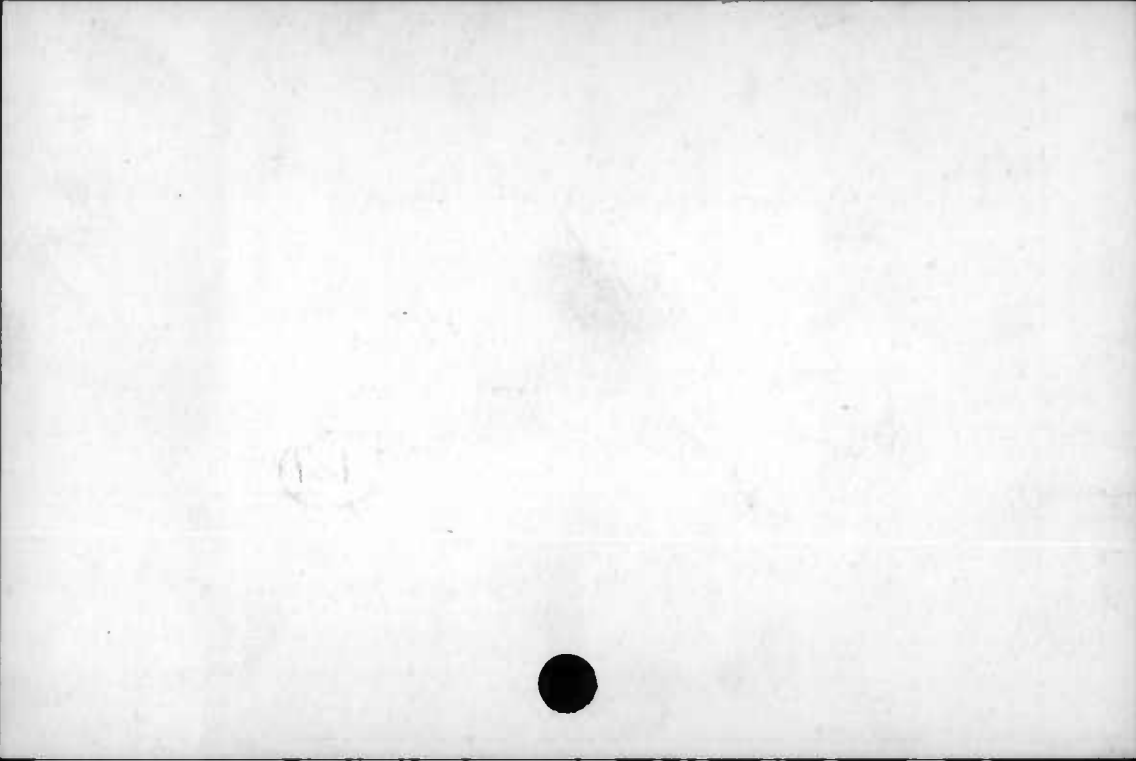
Accident or Suicide?

[Signature]

Mayland

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Charles Lester Moore* Town *near Gauley Creek* CountyDate of death *1908* Month *1* Day *3* Age *3* Years Months *8* DaysSex *Male* Color or Race *Negro* Birth-place *near Gauley Creek*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's Name *Henry Hallman*Father's
BirthplaceMother's Maiden Name *Josephine Moore*Mother's
BirthplaceName of person giving
information *Elwood Moore*How related
to deceased *Uncle*

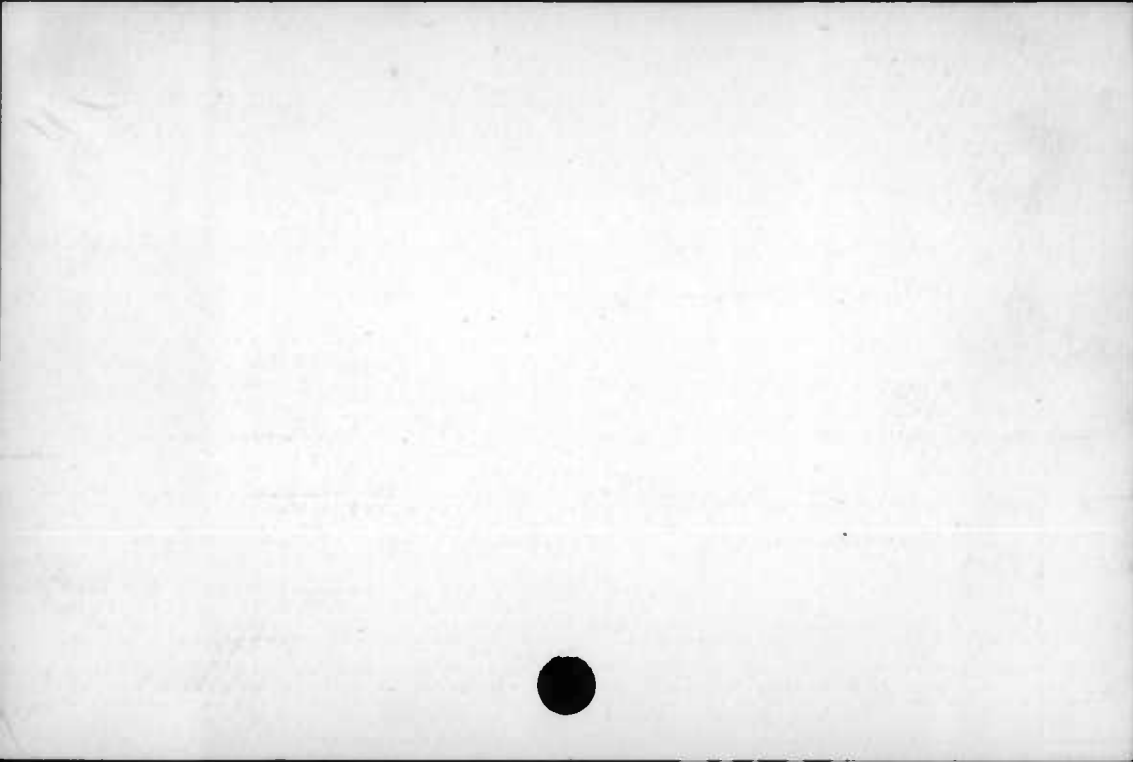
CAUSES OF DEATH

Primary *Pneumonia**91*
How long *2 weeks*Immediate *Exhaustion*How long *10 hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

J. J. Hendricks
Frederick
Md.

Accident or Suicide?



Name in Full		Isiah Murdock				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Weldon		County Frederick		MARYLAND
	Date of death		1908	Month Jan	Day 24	Age 72	Months —
	Sex	Male		Color or Race	Black		Birth-place Maryland
	Occupation	Laborer		Where Residing if not at place of death		Weldon	
	Married, Single or Widowed	Married		Name of Wife or Husband		Becela Murdock	
	Father's Name	Aaron Murdock		Father's Birthplace		Maryland	
	Mother's Maiden Name	Margaret Stuntz		Mother's Birthplace		Maryland	
Name of person giving information		Rod Murdock		How related to deceased		Son	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(66)</div>							
PHYSICIAN OR CORONER	Primary		Paralysis.				How long
	Immediate		Heart Failure				How long
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		F. J. Brooks
					Address		Moreton Carroll Co., Md.
Accident or suicide?		<div style="text-align: center;">9</div>					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>George Myers</i>		Town <i>Breagerstown</i>		County <i>Fred'k</i>		MARYLAND	
Died at <i>Breagerstown</i>		Month <i>Jan</i>		Day <i>10</i>		Years <i>76</i>	
Date of death <i>1908</i>		Month <i>Jan</i>		Day <i>10</i>		Years <i>76</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place		Months <i>6</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>At place of death</i>		Days <i>17</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>David Myers</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>Elizabeth Hout</i>		Mother's Birthplace <i>Don't know</i>					
Name of person giving information		How related to deceased					

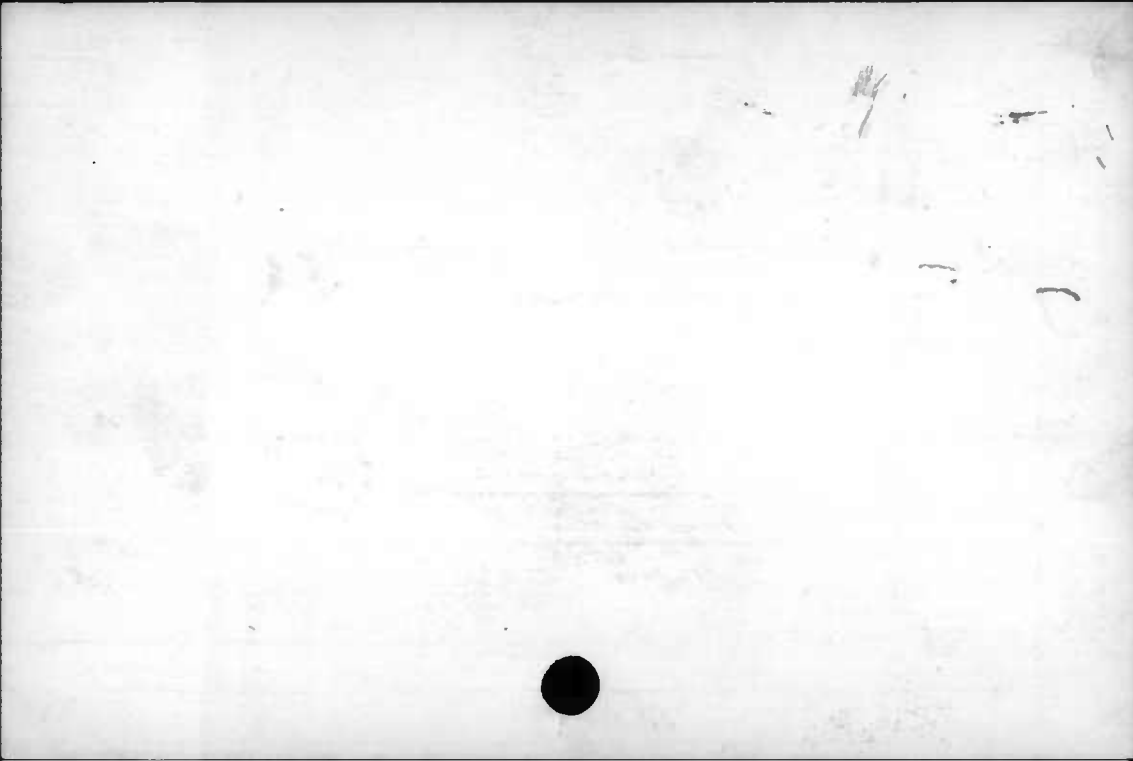
CAUSES OF DEATH

How related to deceased

66

PHYSICIAN
OR CORONER

Primary <i>Paraplegia</i>	How long <i>2 years</i>
Immediate <i>General Asthenia</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. D. S. Young</i>
	Address <i>Breagerstown</i>
	<i>Frederick County.</i>
Accident or Suicide?	



Name
in
Full

Howard Nickerson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

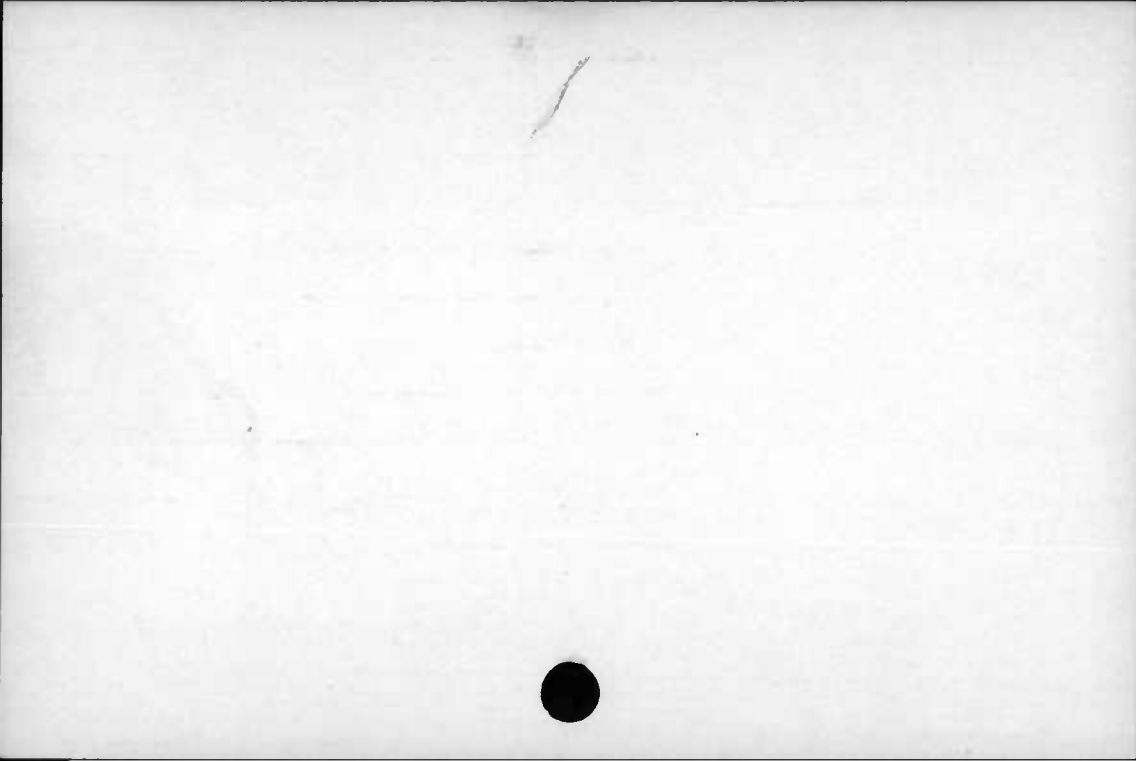
Died at <i>Buckeys town</i>		County <i>Frederick</i>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>Jan</i>	Day <i>20</i>	Age <i>16</i>	Months <i>1</i>	Days <i>21</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>md</i>			
Married, Single or Widowed <i>Single</i>	Occupation <i>School boy</i>				
Name of Wife or Husband					
Father's Name <i>David T. Nickerson</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>		
Name of person giving information <i>Mrs J. H. Rautson</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>6 days</i>
Immediate <i>Heart failure</i>	How long <i>2 4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>T. Clyde Rautson</i>
<i>J</i>	Address <i>Buckeys town</i>
Accident or Suicide? <i>—</i>	



Name

in
Full

Harry V. Nidarff

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

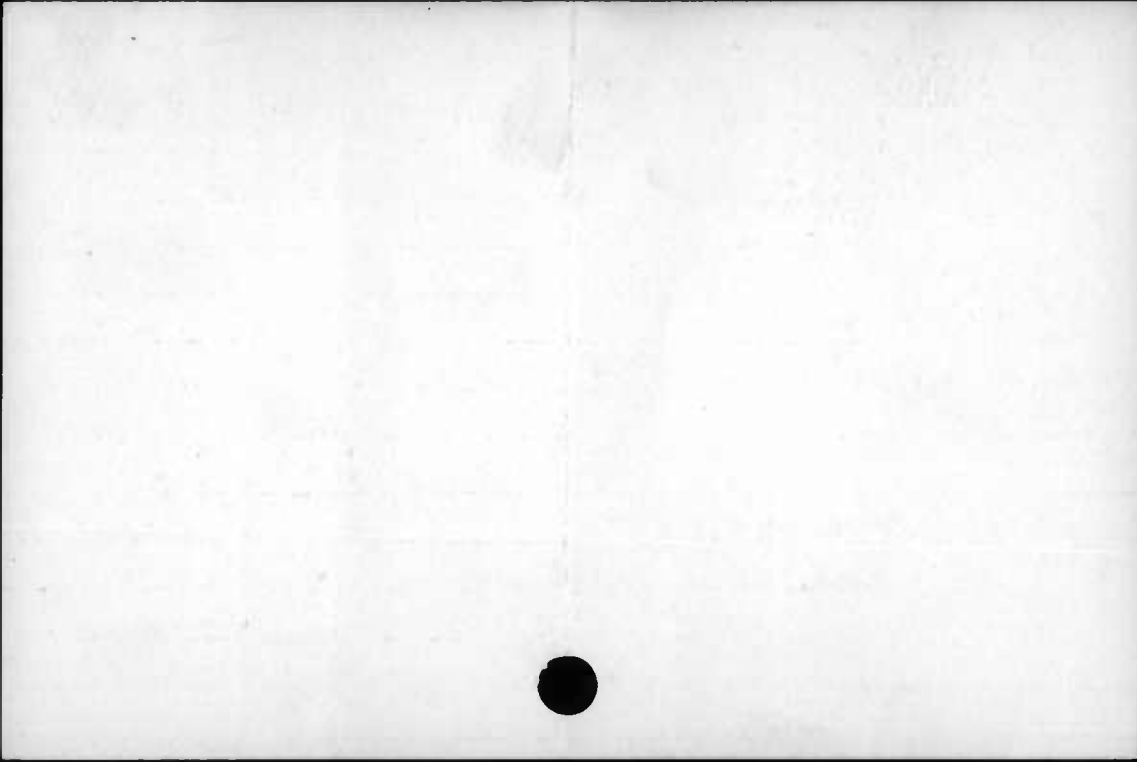
Died at <i>Frederick</i> - Town		County <i>Frederick</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>16</i>	Age <i>31</i>	Years	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Frederick</i>		
Occupation <i>Clerk</i>		Where Residing if not at place of death <i>X</i>			
Marrried , Single		Name of Wife or Husband <i>X</i>			
Father's Name <i>Louis M. Nidarff</i>		Father's Birthplace <i>Fred. Co. Va.</i>			
Mother's Maiden Name <i>Lidia Miller</i>		Mother's Birthplace <i>Va.</i>			
Name of person giving information <i>Franklin B. Smith</i>		How related to deceased <i>Cousin</i>			

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Acute Bright Disease</i>	How long <i>5 days.</i>
Immediate <i>Uremic</i>	How long <i>1 day.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Franklin Buchanan Smith</i>
	Address <i>Frederick Md.</i>
Accident or Suicide? <i>X</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

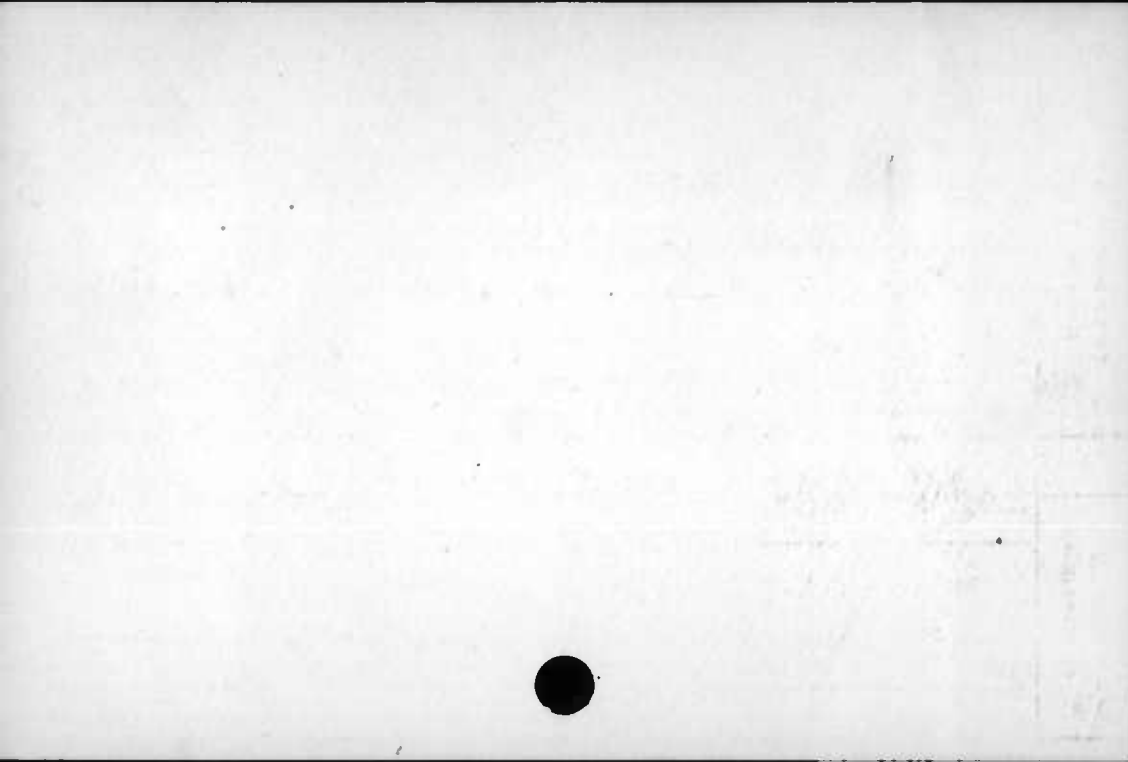
Died at <i>Emmitsburg</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1908	Month <i>1</i>	Day <i>3</i>	Age <i>67</i>	Years <i>6</i> Months <i>20</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Carpenter</i>	Where Residing if not at place of death				
Married, <i>Yes</i>	Name of Wife or <i>Amelia M. C. Mully</i>				
Father's Name <i>Amos J. Norris</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Matilda Miller</i>	Mother's Birthplace <i>to</i>				
Name of person giving information <i>Amelia Norris</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>2 days</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. W. E. Stone</i>
	Address <i>Emmitsburg Md.</i>
Accident or Suicide? <i>No</i>	



Name
In
Full

Dora W. Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Brunswick</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>Jan</u>	Day <u>14</u>	Age <u>34</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Ind</u>		
Occupation <u>Librarian</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Fanny J. Calf</u>			
Father's Name <u>Delphine H. Harris</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Mary C. Mentzer</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>Fanny J. Farver</u>		How related to deceased <u>wife</u>			

CAUSES OF DEATH

(166)

PHYSICIAN
OR CORONER

Primary <u>Killed by car</u>	How long <u>Instantly</u>
Immediate <u>ran over chest</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Linn Frost</u>
	Address <u>Brunswick Ind</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

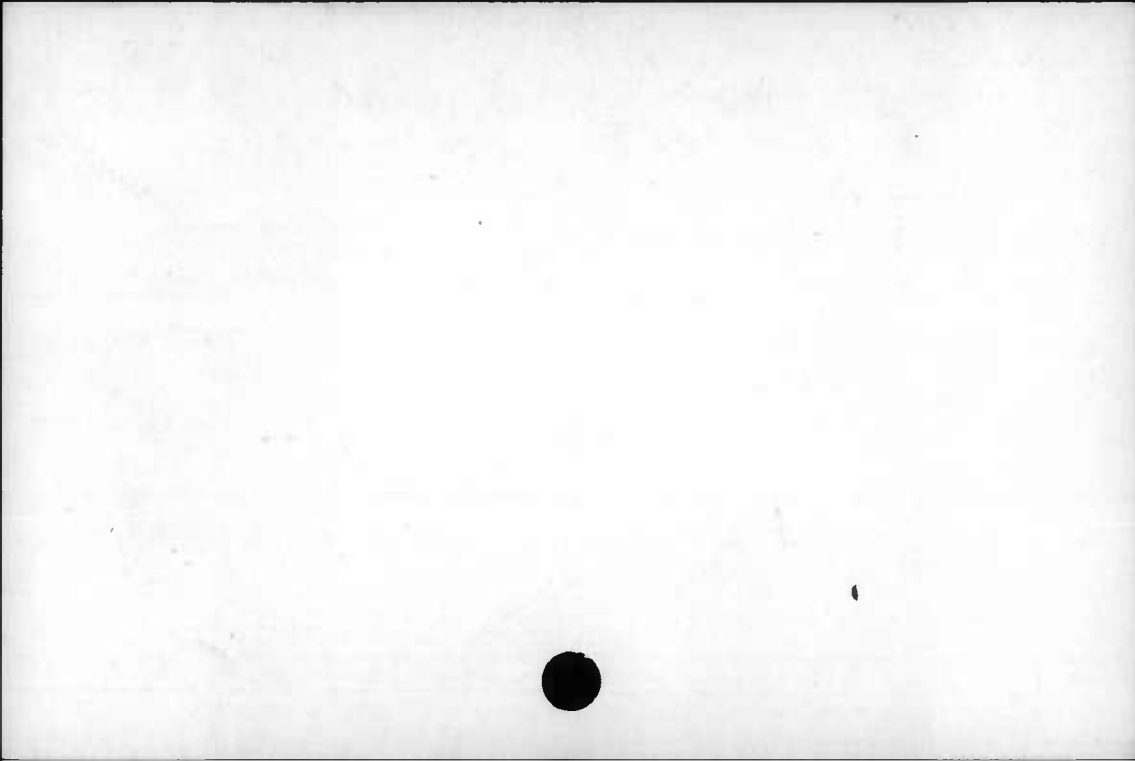
Died at <i>Monrovia Hospital</i>		Town <i>Monrovia</i>		County <i>Fredrick</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>26</i>	Age <i>90</i>	Years	Months	Days	
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Fredrick</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>			Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>Unknown</i>			Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>			Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Hospital Record</i>			How related to deceased				

CAUSES OF DEATH

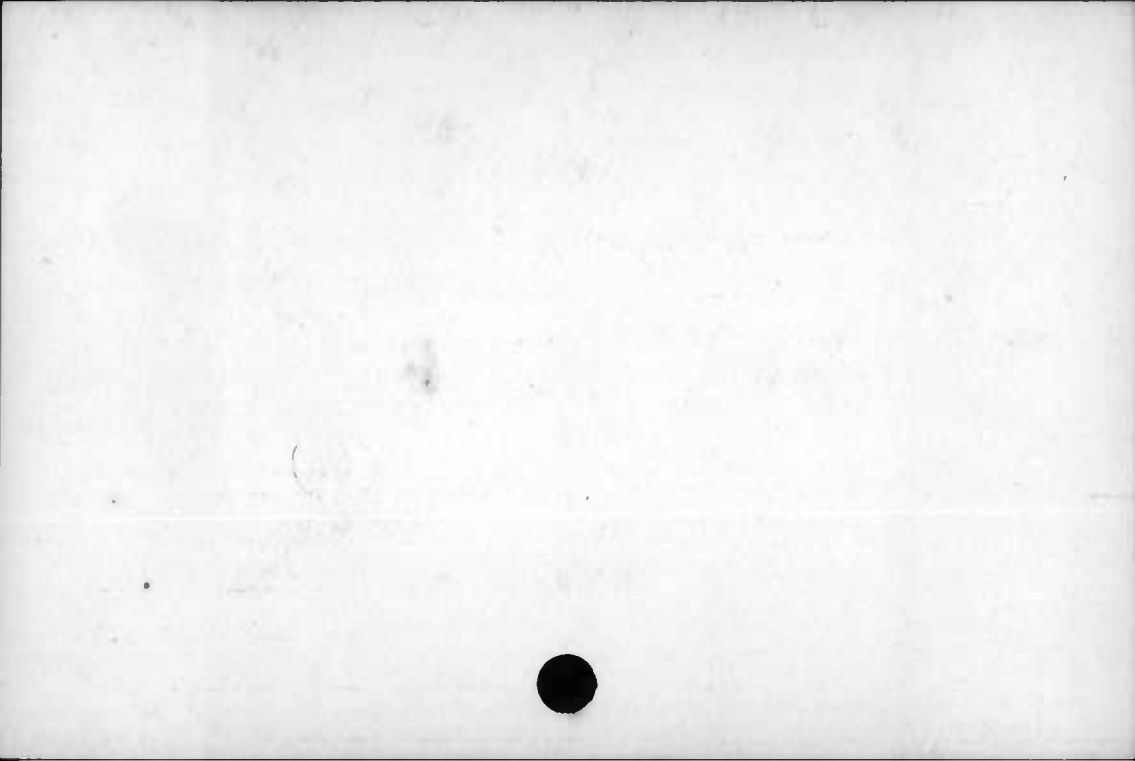
179

PHYSICIAN
OR CORONER

Primary <i>Genl Debility</i>	How long <i>1 year</i>
Immediate <i>Exhaustion</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>R. S. Lyson</i>
	Address <i>Fredrick, Md.</i>
Accident or Suicide?	



Name in Full		Town				County		CERTIFICATE OF DEATH			
Margaret Ogle		Graham		Western		MARYLAND					
Died at		Date of death		Month		Day		Years		Months	
1908		Jan		12 th		Age		61		10	
Sex		Color or Race		Birth-place						Days	
Female		White		Graham MD						15-	
Occupation		Where Residing if not at place of death									
Housewife		at place of death									
Married, Single or Widowed		Name of Wife or Husband									
Widow		John Ogle									
Father's Name		Father's Birthplace									
Evan Tyler		Maryland									
Mother's Maiden Name		Mother's Birthplace									
Sabina Stauffer		Maryland									
Name of person giving information		How related to deceased									
Jas Ogle		Brother in Law									
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(66)</div>											
Primary		How long									
Hemiplegia		6 years									
Immediate		How long									
Recurrent attack		2 days									
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician									
Yes		E. E. Refanon									
		Address									
		Thurmont									
		Maryland									
Accident or Suicide?											



Name
in
Full

Mrs. Laura Virginia Palmer.

CERTIFICATE OF DEATH

Died at ^{Town} Walkersville ^{County} Frederick

MARYLAND

Date of death 1908 Jan. 7 Age 55 Months 9 Days 23

Sex Female Color or Race White Birth-place Frederick Co.

Occupation Housewife Where Residing if not at place of death —

Married, ~~Yes~~ Name of Wife or Husband James M. Palmer

Father's Name David R. Stidely Father's Birthplace Fred. Co.

Mother's Maiden Name Rachael Stidely Mother's Birthplace Fred. Co.

Name of person giving Information Jas. M. Palmer How related to deceased Husband.

CAUSES OF DEATH

64

Primary arteriosclerosis How long 3 mos.

Immediate Cerebral hemorrhage How long 3 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician J. St. Louis

Address

Walkersville Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Henry M. Parrish

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

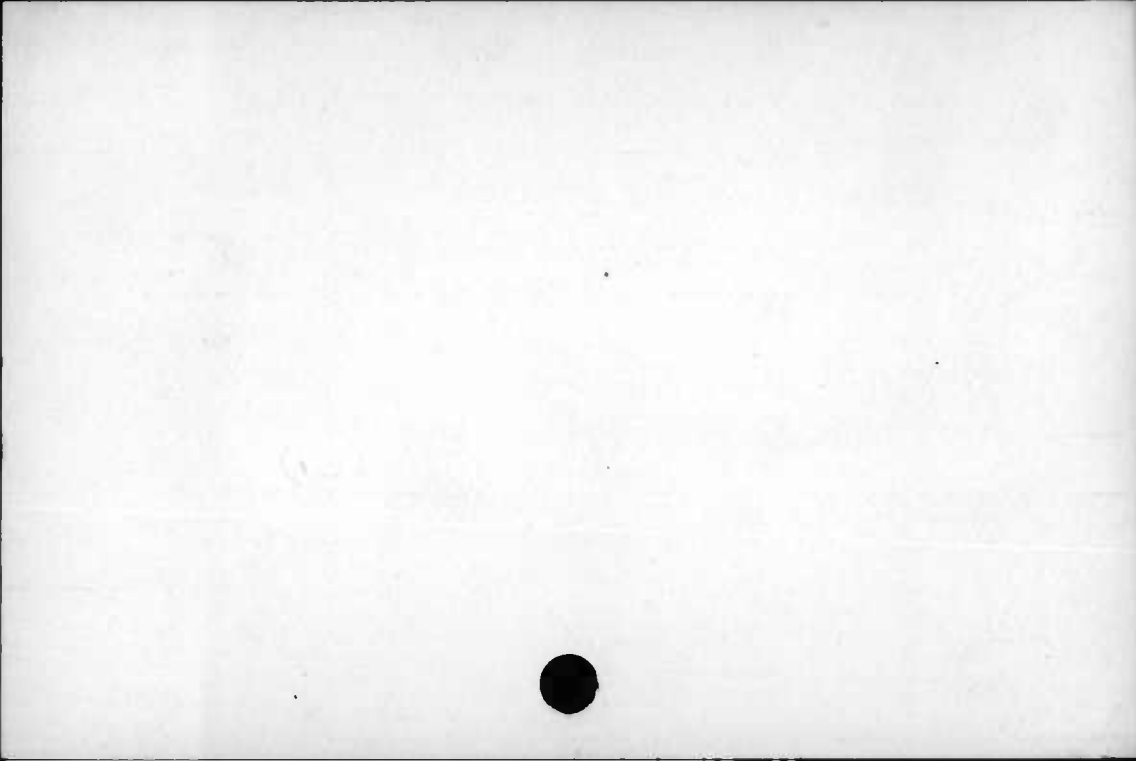
Died at <i>Thurmont</i> <small>Town</small>		<i>Fredrick</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month <i>Jan</i>	Day <i>12th</i>	Age <i>66</i>	Years <i>0</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Atlee Mills, Md.</i>		
Occupation <i>Merchant</i>	Where Residing if not at place of death <input checked="" type="checkbox"/>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mrs. Martha Casper</i>				
Father's Name <i>Wagner - H. Parrish</i>	Father's Birthplace <i>Fredrick, Md.</i>		Mother's Birthplace <i>Baltimore, Md.</i>		
Mother's Maiden Name <i>Sarah Horton</i>	Name of person giving information <i>Mrs. H. M. Parrish</i>		How related to deceased <i>wife.</i>		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Arterio sclerosis & nephritis</i>	How long <i>6 yrs.</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>Immediately</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. C. Refanor</i>
	Address <i>Thurmont, Maryland.</i>
Accident or Suicide? <i>✓</i>	



Name
in
Full

Urilla Draper Pryor

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mar Wolfsville		County Frederick		MARYLAND	
Date of death 1908	Month 1	Day 4	Age	Years unobtainable.	Months	Days	
Sex Female	Color or Race White		Birth- place Garfield				
Married, Single or Widowed Married			Occupation Housewife				
Name of Wife or Husband Robt. E. Pryor							
Father's Name Wm Draper				Father's Birthplace Garfield			
Mother's Maiden Name Miss Hurley				Mother's Birthplace "			
Name of person giving In formation J. W. Hoover				How related to deceased None			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	3 weeks
Immediate	"	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician G. W. Davisone	
		Address Wolfsville	
Accident or Suicide?		Md.	

(51)



Name
in
Full

Drusilla Beeson Ramsburg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1908	Month	January	Day	18	Age	71
Sex	<i>Female</i>		Color or Race	<i>White</i>		Birth-place	<i>Frederick</i>
Occupation	<i>House wife</i>			Where Residing if not at place of death <i>At place of death</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband <i>John S. Ramsburg.</i>				
Father's Name	<i>Jesse Beeson.</i>					Father's Birthplace	<i>Uniontown Pa.</i>
Mother's Maiden Name	<i>Drusilla Helen Jean Ellen</i>					Mother's Birthplace	<i>Uniontown Pa.</i>
Name of person giving information	<i>Dr Jesse Ramsburg</i>					How related to deceased	<i>Son,</i>

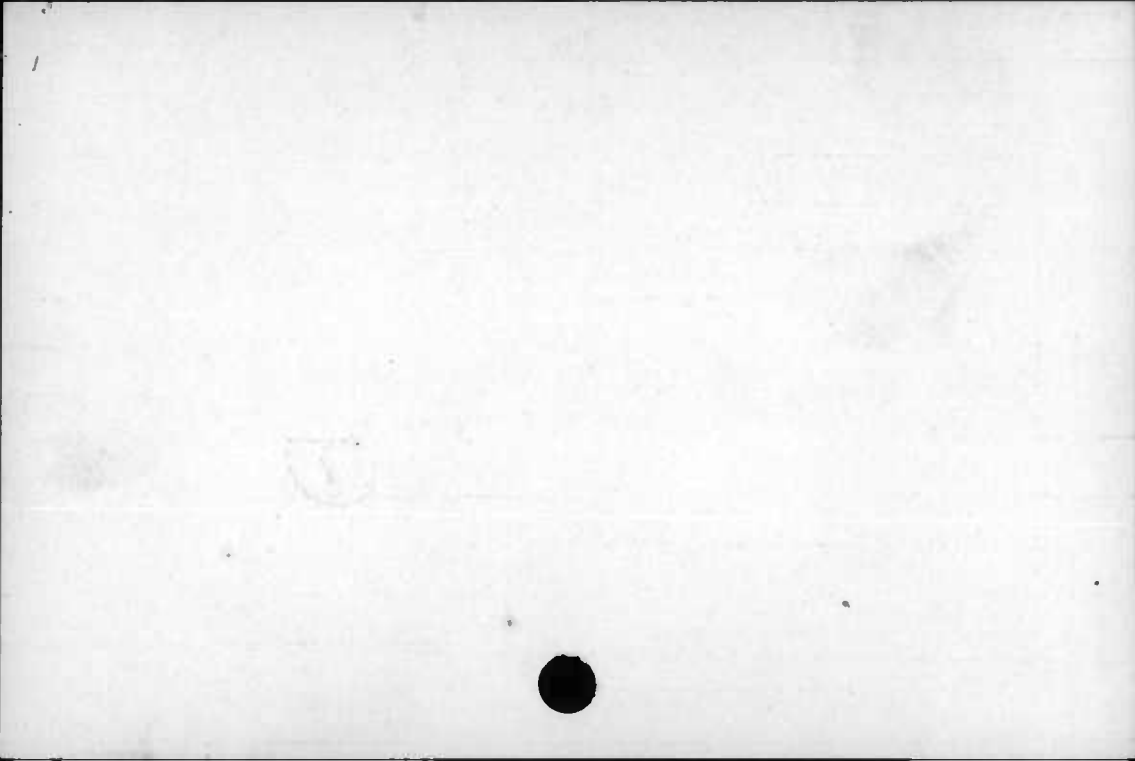
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Disease</i>	How long	<i>5 weeks.</i>
Immediate	<i>Heart Failure</i>	How long	<i>24 hours.</i>
Are the name, age, sex, color, date and place correctly given above		Signature of Physician <i>Edw B Johnson.</i>	
		Address <i>Frederick, Md.</i>	
Accident or Suicide?			



Name in Full William Edgar Ray		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Brunswick Town		Fredrick County
	Date of death 1908		Month Jan. Day 15 Age 28 Years Months Days
	Sex male	Color or Race white	Birth-place Ind
	Occupation Librarian		Where Residing if not at place of death
	Married, Single or Widowed married	Name of Wife or Husband Annie Catharine Ray	
	Father's Name William Ray	Father's Birthplace Ind	
	Mother's Maiden Name Catharine Lee Hart	Mother's Birthplace Ind	
Name of person giving information Catharine Lee Hart		How related to deceased mother	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary Typhoid Fever		How long 2 weeks
	Immediate Hemorrhage		How long 4 days
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Levin West
	Address Brunswick - Fredrick Co		
Accident or Suicide? <input checked="" type="checkbox"/>			



Name
in
Full

Edward M. Rippin

CERTIFICATE OF DEATH

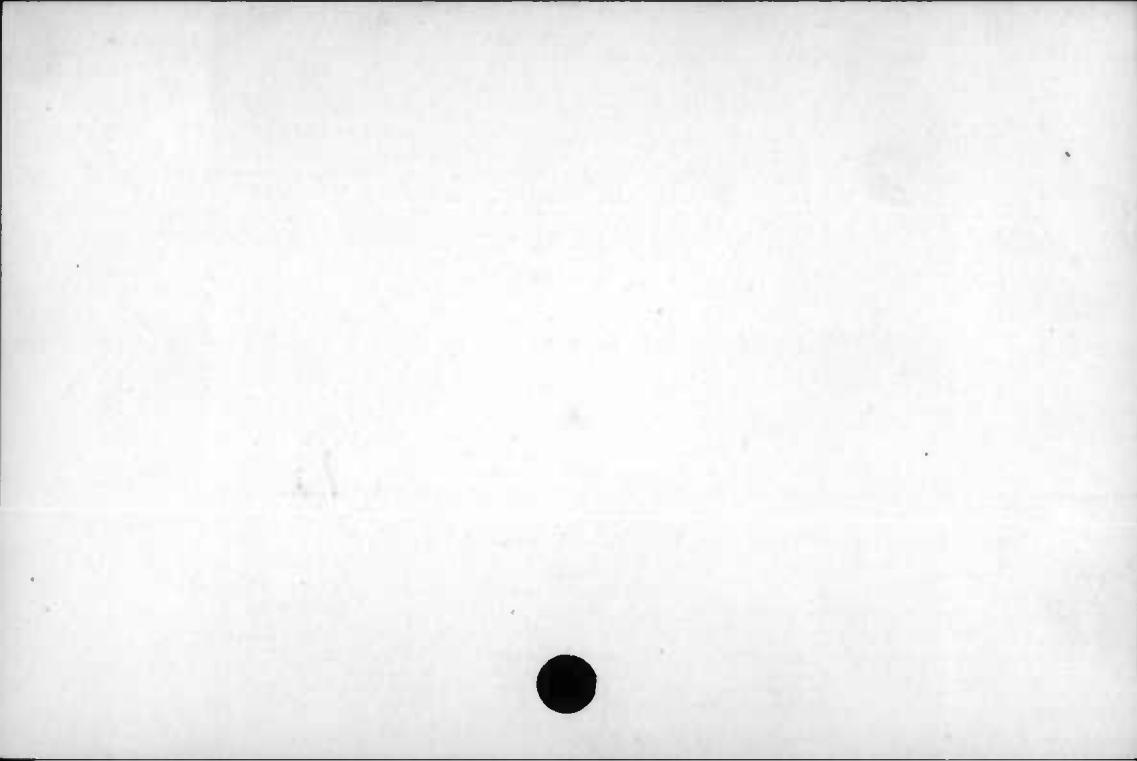
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Liberty Town</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND							
Date of death	1908	Month	Jan.	Day	18 th	Age	31	Months	4	Days	26
Sex	Male		Color or Race	White		Birth-place	Frederick				
Occupation	Laborer			Where Residing if not at place of death							
Married, Single or Widowed	Married		Name of Wife or Husband	Martha E. Beard							
Father's Name	Alexander Rippin					Father's Birthplace	Frederick Co				
Mother's Maiden Name	Sarah E. Crum					Mother's Birthplace	Frederick Co				
Name of person giving information	Sarah E. Rippin					How related to deceased	Mother				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pare-typhoid from</i>		How long <i>4 weeks</i>
Immediate	<i>Exhaustion</i>		
Are the name, age, sex, color, date and place correctly given above?		<i>yes.</i>	Signature of Physician <i>Wm. B. Howe</i>
			Address <i>Liberty Town, Md</i>
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
Grace Saylor		Town Johnsville		County Frederick	
Died at		Date of death 1908		MAYLAND	
Month Jan		Day 5		Years 20	
Sex Female		Color or Race White		Months 11	
Merried, Single or Widowed Married		Occupation House Wife		Days 16	
Name of Wife or Husband Roy Saylor		Birth-place Frederick Co. Md			
Fether's Name Hearlen Nansburg		Father's Birthplace Md			
Mother's Maiden Name Fannah Bersey		Mother's Birthplace			
Name of person giving information Roy Saylor		How related to deceased Husband			
		CAUSES OF DEATH		134	
Primary Vomiting of Pregnancy		How long 8 weeks			
Immediate Loxmina of "		How long " "			
Are the name, age, sex, color, date and place correctly given above? yes -		Signature of Physician Dr. D. E. Hoff		Address Union Bridge	
Accident or Suicide?					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Charles Robert Sifford				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Frederick</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND
	Date of death <i>1908 Jan</i>		Month <i>5</i>		Day <i>10</i>		Years <i>2</i>
	Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Frederick</i>		
	Occupation		Where Residing if not at place of death				
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband				
	Father's Name <i>Charles A. Sifford</i>				Father's Birthplace <i>Frederick</i>		
	Mother's Maiden Name <i>Elijah H. Lyson</i>				Mother's Birthplace <i>Frederick</i>		
Name of person giving information <i>R. S. Lyson</i>				How related to deceased <i>uncle</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Inanition</i>				How long <i>2 mo.</i>		
	Immediate <i>Cardiac exhaustion</i>				How long <i>1 day</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>				Signature of Physician <i>R. S. Lyson</i>		
	<i>[Signature]</i>				Address <i>Frederick Md.</i>		
	Accident or Suicide?						

179



Name
in
Full

Samuel Steen, No. 2

CERTIFICATE OF DEATH

Died at <i>New Market</i> ^{Town}		<i>Fredrick</i> ^{County}		MARYLAND	
Date of death 190 <i>8</i>	Month <i>1</i>	Day <i>23</i>	Age <i>69</i> ^{Years}	Months <i>X</i>	Dys <i>X</i>
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place	
Married, Single or Widowed <i>married</i>			Occupation <i>Laborer</i>		
Name of Wife or Husband <i>Phoebe Porter</i>					
Father's Name <i>unk.</i>			Father's Birthplace		
Mother's Maiden Name <i>unk.</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

79

Primary	<i>Aortic Stenosis</i>	How long	<i>70 years</i>
Immediate	<i>Hypostatic Pneumonia</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. H. Hopkins M.D.</i>	
		Address <i>New Market</i>	
Accident or Suicide? <i>no</i>		<i>Friedk. Co., Md</i>	

Name
in
Full

Clarke Thomas.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

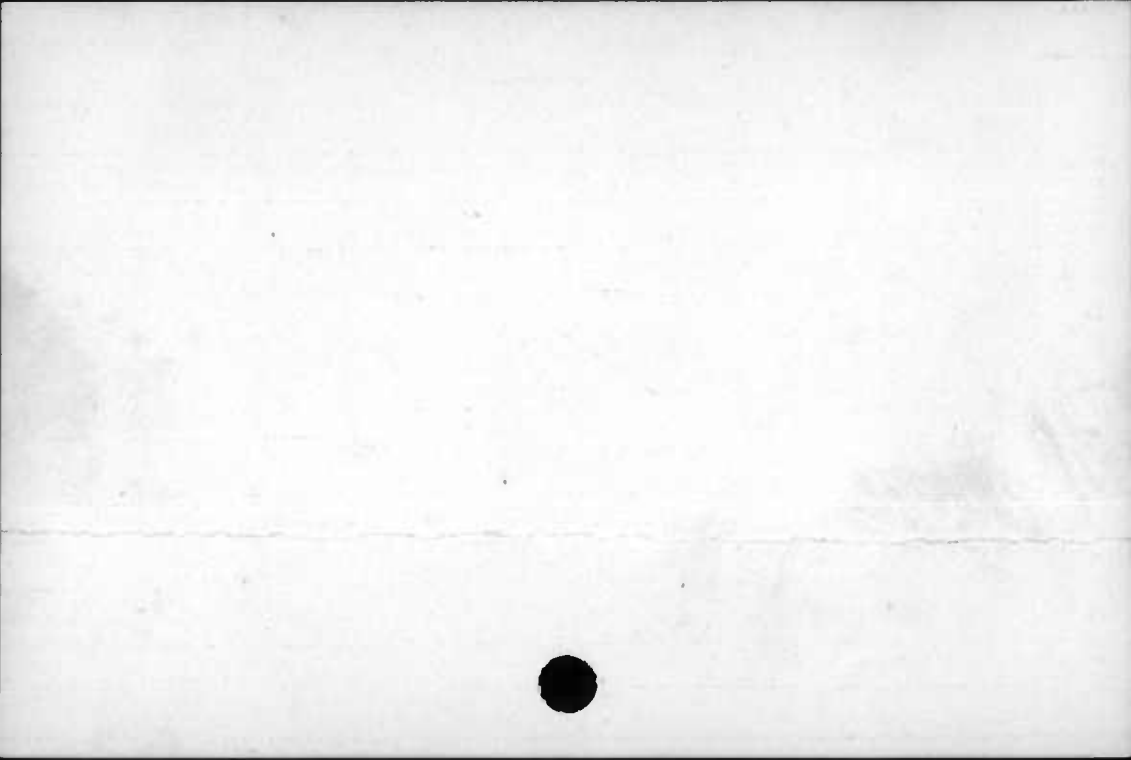
Died at <u>Buckhystown</u> ^{Town}		<u>of md.</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>1</u> ^{Month}	<u>30</u> ^{Day}	Age <u>24</u> ^{Years}	<u>2</u> ^{Months}	<u>12</u> ^{Days}
Sex <u>female</u>		Color or Race <u>white</u>		Birth-place <u>of md Co Md</u>	
Occupation <u> Clerk -</u>		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband <u>Katherine Thomas</u>			
Father's Name <u>Clinton Thomas</u>		Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Mary E Thomas</u>		Mother's Birthplace <u>Indenick Co Md</u>			
Name of person giving information <u>Clinton Thomas</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

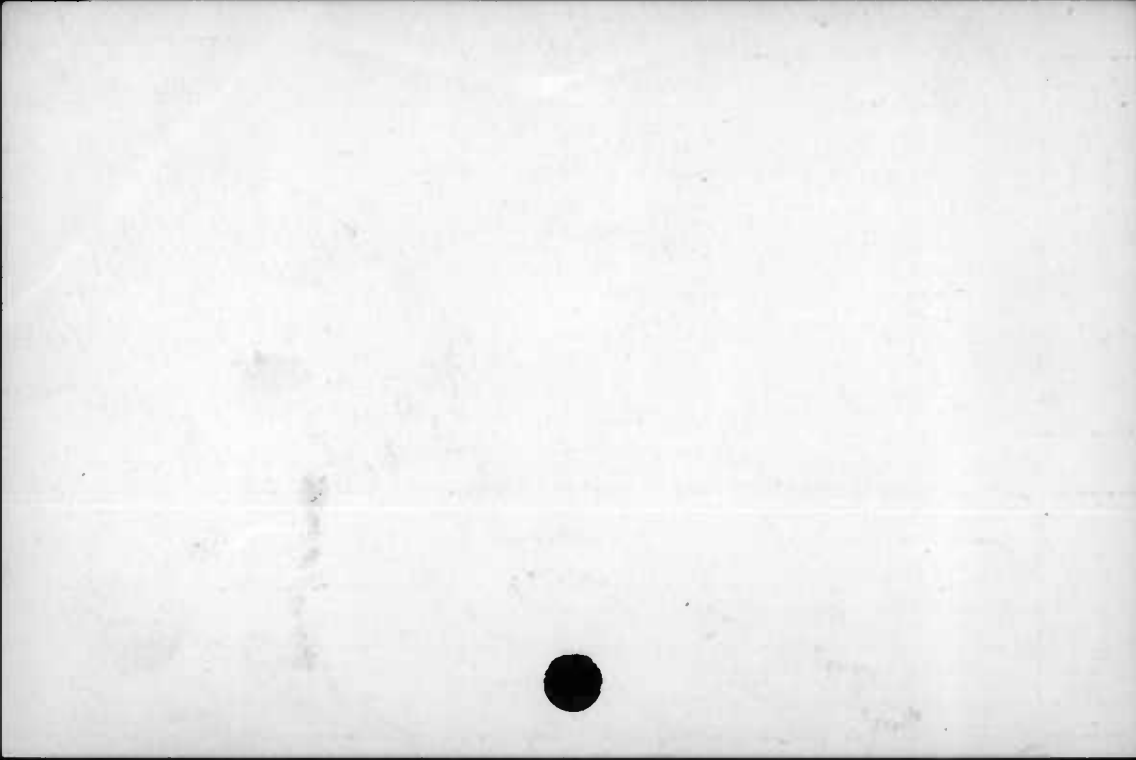
53

PHYSICIAN
OR CORONER

Primary <u>Hodgkin's disease.</u>	How long <u>12 mos.</u>
Immediate <u>Convulsion.</u>	How long <u>3 hours.</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>W. H. Conley</u>
	Address <u>Adamstown Md.</u>
Accident or Suicide?	



Name in Full Cordelia Thomas		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at Mount Pleasant ^{Town}		Fredrick ^{County}		MARYLAND	
	Date of death 1908	Month Jan.	Day 11th	Age 78 Years	Months 6 Days 16	
	Sex Female	Color or Race Colored		Birth-place Ind.		
	Occupation Domestic		Where Residing if not at place of death			
	Married, Single or Widowed Widowed	Name of Wife or Husband Jeremiah Thomas				
	Father's Name Harry Hill	Father's Birthplace Ind.				
	Mother's Maiden Name Erna Hill	Mother's Birthplace "				
Name of person giving information Fannie V Coats		How related to deceased Daughter				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary Senile Debility		(154) How long Several Years			
	Immediate Cardiac Asthenia		How long Several months			
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Dr. U. G. Bourne.			
	Q		Address Fredrick, Ind.			
	Accident or Suicide? 					



Name
in
Full

Susan C Vincell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

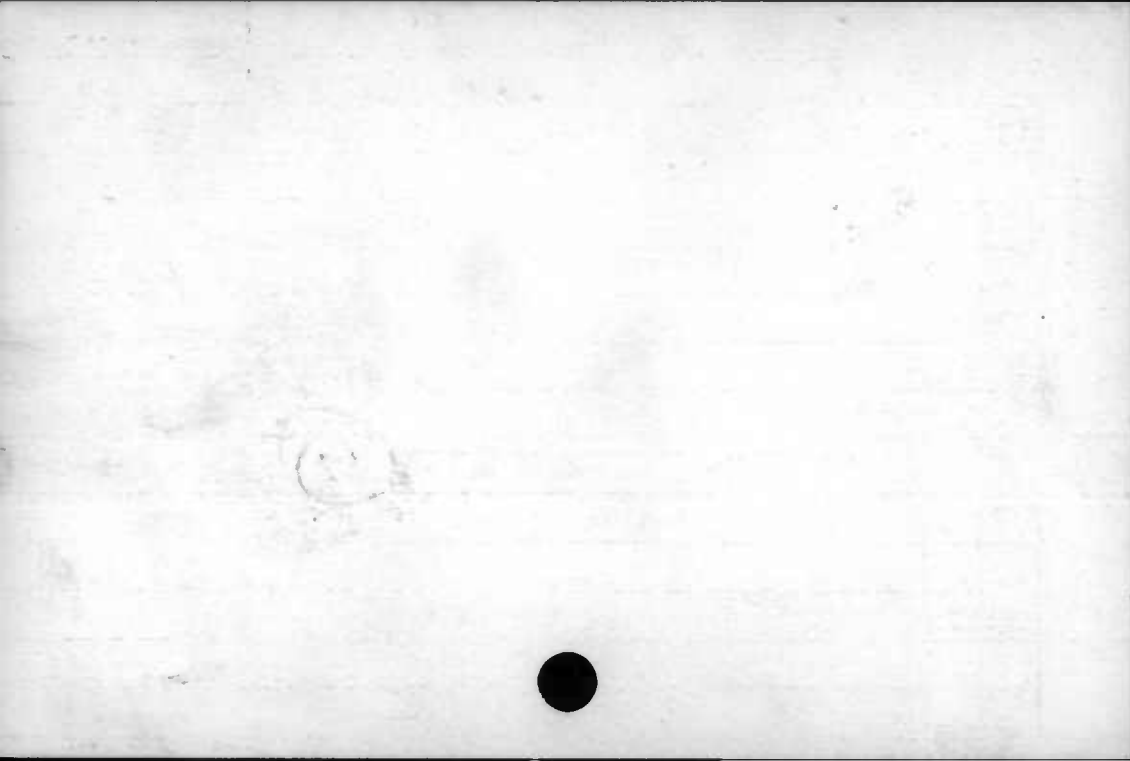
Died at		Town Palmerville		County Frederick		MARYLAND	
Date of death	1908	Month Jan	Day 1	Age Years	80	Months	Days
Sex	Female		Color or Race	white		Birth- place	Virginia
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband George William Vincell			
Father's Name	Peter Ray			Father's Birthplace	va		
Mother's Maiden Name	Sarah Britton			Mother's Birthplace	va		
Name of person giving Information				How related to deceased			

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary	Arteriosclerosis with Stokes Adams		How long	Several years
Immediate	Cold, Heart weakness		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician C. W. R. Chesser	
			Address Brunswick, Md.	
Accident or Suicide?				



Name
in
Full

Lauretta S. E. Wachter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredericks</i>		Town <i>Fredericks</i>		County <i>Fredericks</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>8</i>	Age <i>67</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>F. Co. Md.</i>				
Occupation <i>Maid</i>	Where Residing if not at place of death <i>Same</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband						
Father's Name <i>John Wachter</i>	Father's Birthplace <i>F. Co. Md.</i>						
Mother's Maiden Name <i>Susan Clem.</i>	Mother's Birthplace <i>" " "</i>						
Name of person giving information <i>Mrs. Sophia Michael</i>	How related to deceased <i>Sister</i>						

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Chronic Bright's Disease</i>	How long <i>unknown</i>
Immediate <i>Grip.</i>	How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. B. Rux</i>
	Address <i>238 Church St.</i>
Accident or Suicide? <i>—</i>	

Interment Jan 10-08
" at Mtica Cemetery
Thomas P. Rice.

Dr. Burch,

Name
in
Full

Sarah Waddle

CERTIFICATE OF DEATH

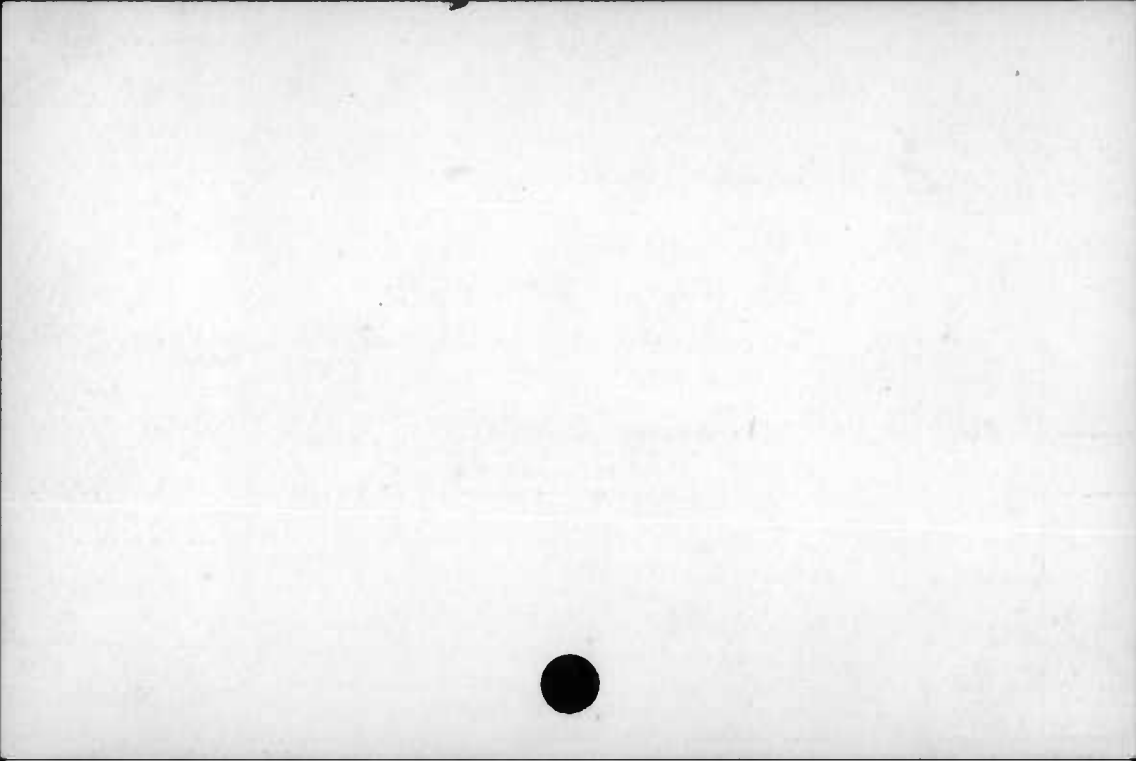
TO BE ANSWERED BY
NEAREST FRIEND


Died at		Town		County		State	
Emmitsburg		Frederick		Maryland			
Date	Month	Day	Years	Months	Days		
of death 1908	1	29	79	—	7		
Sex	Color or Race	Birth- place					
Female	White	Maryland					
Occupation	Where Residing if not at place of death						
Horse Wife							
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Father's Birthplace						
Bartholamew Waddle	Maryland						
Mother's Maiden Name	Mother's Birthplace						
Catharine Smith	Maryland						
Name of person giving information	How related to deceased						
Mrs. Emma Myer	Niece						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heavy Cold	How long	95
Immediate	Constriction of Stomach & Intestines	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. Schellberg	
Address		Emmitsburg	
Accident or Suicide?		No	



Name in Full		Charlotte Ways No. 4				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Bartholomew</i>		Town <i>Frederick</i>		County		MARYLAND
	Date of death <i>1908</i>	Month <i>1</i>	Day <i>2</i>	Age <i>68</i>	Years	Months <i>4</i>	Days <i>12</i>
	Sex <i>Female</i>		Color or Race <i>Black</i>		Birth-place <i>Frank Co., Md</i>		
	Occupation <i>Housewife</i>		Where Residing if not at place of death				
	Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sandy Ways</i>				
	Father's Name <i>Ephraim Gaither</i>		Father's Birthplace <i>Md</i>				
	Mother's Maiden Name <i>Sallie Williams</i>		Mother's Birthplace <i>"</i>				
	Name of person giving information <i>Sandy Ways</i>		How related to deceased <i>husband</i>				
<div style="display: flex; justify-content: space-between; align-items: center;"> <div>CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; font-size: 24px;">66</div> </div>							
PHYSICIAN OR CORONER	Primary <i>Hemiplegia</i>		How long <i>6 years</i>				
	Immediate <i>Second attack</i>		How long <i>24 hours</i>				
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. H. Hopkins MD</i>				
			Address <i>New Market Md</i>				
	Accident or Suicide? <i>no</i>						

(3)



Name in Full Jacob Wiles		Town Petersville		County Frederick		CERTIFICATE OF DEATH	
Died at		Date of death		Age		Months	
1908		Jan 31		83		4	
Sex Male		Color or Race White		Birthplace Middletown		Days 11	
Occupation Farmer		Where Residing if not at place of death					
Married, Single or Widowed Widower		Name of Wife or Husband Catherine					
Father's Name Jacob Wiles		Father's Birthplace Middletown					
Mother's Maiden Name Catherine Summers		Mother's Birthplace Ingersville					
Name of person giving information Mrs. Huffer		How related to deceased Daughter					
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH		93			
Primary Pneumonia		How long 3 days					
Immediate Asphyxia		How long Immediate					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Dr. J. M. Huffer					
Address Petersville		Address Petersville					
Accident or Suicide?		Address Middletown					



Name
in
Full

Bernus Woodward

CERTIFICATE OF DEATH

Died at ^{Town} *Near Frederick*^{County} *Frederick*

MARYLAND

Date
of death *1908*Month
*1*Day
18

Age

Years
*75*Months
*—*Days
*—*Sex *Male*Color or
Race*Black*Birth-
place*Med*

Occupation

*Labores*Where Residing if not
at place of death*Not Pleasant Fr. Co. Md*Married, Single
or Widowed*Widower*Name of Wife or
Husband*Mary E. Martin*Father's
Name*Unknown*Father's
Birthplace*—*Mother's
Maiden Name*"*Mother's
Birthplace*—*Name of person giving
In formation*Cornelius Woodward*How related
to deceased*Son*

CAUSES OF DEATH

179

Primary

Kind debility

How long

1 year

Immediate

Exhaustion

How long

*2 weeks*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*R. S. Lyson*

Address

*Frederick**Md.*

Accident or Suicide?

*—*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Interment Jan 21-08
" at Laboring Lou's
Thomas P. Rice F.D.

Dr. Tyson

Dr Goodell

Dr McQuirly